
Minnesota Alternative Response Evaluation Second Annual Report

**conducted for the
Minnesota Department of Human Services**

**conducted by the
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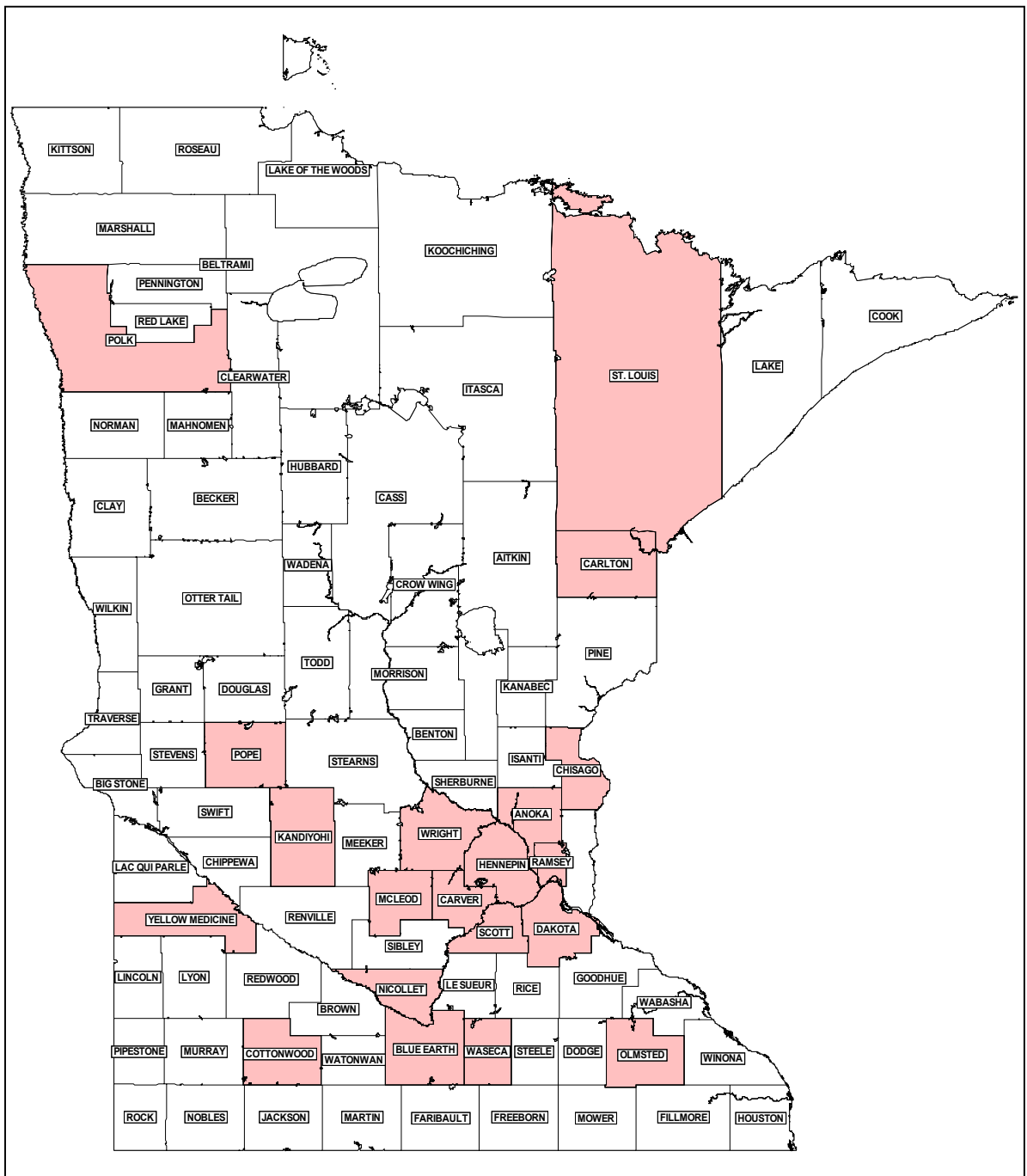
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Introduction

This is the second annual report of the evaluation being conducted of the Minnesota Alternative Response Project by the Institute of Applied Research. The Alternative Response (AR) Project is a demonstration being conducted in 20 counties in the state. It provides a new and more flexible approach to addressing child maltreatment reports that do not meet Minnesota statutory requirements for a mandated investigation (See Minnesota Statutes, Section 626.5551). Alternative response is a form of what some commentators and analysts have begun to call a differential response, one that starts from an understanding of the diversity of families and the broad spectrum of child protection problems and that this should inform the response of the child protection system. The project in Minnesota builds on the work of several local and national initiatives that have explored the possibilities of offering families a voluntary and strengths-based approach to resolving issues that brought them to the attention of the child protection system. The project is being generously supported by the McKnight Foundation along with federal, state and county funding.

The Minnesota Alternative Response Project began during the latter half of 2000 and will operate for a period of four years in the demonstration counties. A three-part evaluation of the project that began in February 2001 includes an impact and outcome study, a process analysis of the project's implementation and operations, and a study of its cost-effectiveness. This second annual evaluation report provides a summary of process, impact and outcome analyses and findings through the end of December, 2002.

The map on the following page shows the 20 counties participating in the Alternative Response demonstration project.



Minnesota Counties Participating in the Alternative Response Demonstration

Part 1

Process Study

The process study that is being conducted as part of this evaluation is an examination of the implementation of the Alternative Response (AR) demonstration in the 20 participating counties. As part of the study annual on-site visits are being made to participating counties, and administrators and child protection social workers are being interviewed. The experiences and attitudes of county staffs about the AR approach are being elicited and monitored over the course of the project to flesh out and help explain quantitative data findings. Similarities and differences in staff organization, case processing, intake and screening, and social work practices are being identified and subsequently will be employed in analyses that seek a fuller understanding of factors that impact the effectiveness of the AR approach. Other data sources critical to both the process and impact studies include extracts from the state Social Service Information System (SSIS), case-specific responses of county child protection workers on a sample of cases and, perhaps most important of all, feedback from families.

In this report, we provide a brief overview of operational issues, a review of the number and status of cases entering the study population, an update of the intake and screening of cases, a trend analysis of the number of reports being received by county offices, a comparison of case openings among families who receive AR versus the Traditional Response (TR), and interim findings on changes occurring in social work practice and the delivery of services to AR and TR families.

Operational Issues

Table 1.1 lists the names of 14 counties participating in the full impact study and the names of the other 6 counties. The populations of the counties are given in the table in order to provide the reader some perspective on their relative size that may be helpful in interpreting the implications of county-specific data presented in the report. Counties participating in the demonstration include the Twin City counties of Hennepin and Ramsey with their large urban populations, a number of suburban metro counties which also have relatively large populations, and counties in greater Minnesota some of which have medium sized cities, such as Duluth (St. Louis County) and Rochester (Olmsted County), and others which are quite rural with relatively small populations.

Table 1.1. List of Project Counties and Their Population

<i>Impact Study Counties</i>	<i>Population</i>
Anoka	298,084
Blue Earth	55,941
Carver	70,205
Chisago	41,101
Cottonwood	12,167
Hennepin	1,116,200
Kandiyohi	41,203
Nicollet	29,771
Polk	31,369
Ramsey	511,035
St. Louis	200,528
Scott	89,498
Waseca	19,526
Yellow Medicine	11,080
<i>Other Pilot Counties</i>	
Carlton	31,671
Dakota	355,904
McLeod	34,898
Olmsted	124,277
Pope	11,236
Wright	89,986

A comprehensive review of the manner in which the 20 counties participating in the alternative response demonstration have implemented the new approach was provided in the first annual report last year. A flow chart depicting staff organization and case processing was presented for each county office along with a synthesis describing major operational models in place. There have been relatively few and primarily minor changes in the operation of the demonstration in the counties subsequently. Anyone seeking detailed information on operational issues is referred to the earlier report.

By way of summary, a few points can be made. The manner in which the AR approach was implemented in specific counties was primarily affected by two factors, the size of the county staff and the pre-existing organizational structure. Three main operational differences among the counties were identified: 1) continuity or discontinuity between the assessment and service phases of a case; 2) separate units of AR and TR workers dedicated to one approach or the other versus combined work teams in which

workers are involved in both approaches; and 3) case management and service delivery provided by county social workers versus community agencies. Some of these differences are due to the relative size of county staffs. Overall, for example, counties with very small staffs are more constrained in the manner in which they implement a new program. Very small counties tend to have too few staff to have separate workers dedicated only to the alternative or traditional approach.

The most common approach to AR is one in which there is direct continuity between assessment and any subsequent case management, that is, the social worker who does the initial assessment would retain the case if it is opened for case management and/or ongoing services. Some variation of this approach can be found in 16 of the counties. Variation tends to happen in one of two ways. 1) In some of the counties AR social workers are dedicated only to AR, while in others they may also be involved in traditional interventions. 2) In some counties the original AR workers will retain the case if placement occurs and if the track is changed to traditional intervention, while in other counties the case may eventually be shifted to another worker in these instances.

In both Hennepin and Ramsey counties extensive use is made of community agencies in the provision of services including case management. All counties may employ contracted service vendors in their communities to provide special therapeutic services and other assistance to families with specific needs. However, in most counties, county social workers act as case managers who assist families in locating and arranging needed services on a case by case basis. Hennepin and Ramsey counties involve community agencies at an earlier stage in the planning process and contract with them to work directly with families without a county social worker as an ongoing intermediary.

The major operational change among the demonstration counties during the last year occurred in Ramsey County. AR experimental reports in Ramsey County were initially assigned to a separate AR worker team for assessment. This was changed mid-way through year one of the project when all social workers involved in assessment began to do both the alternative and traditional response. At the end of the second year, however, it was decided to revert back to the original design utilizing a separate AR unit with the change to go into effect at the beginning of the current year.

Experimental Design, SSIS Data and Tracking of Families

Monthly extracts of SSIS data are provided to IAR and these data allow the tracking of child protection families in the 20 counties participating in the project. This tracking involves the longitudinal monitoring of outcomes associated with families who receive the alternative response. In addition, in 14 counties, a control group of families is being selected as part of an experimentally designed impact study. In these impact study counties, families with child maltreatment reports judged to be appropriate for the alternative response are randomly assigned to experimental or control study groups. Families in the experimental group receive the alternative response, while families in the control group receive the traditional response in place prior to the demonstration. The

random (although disproportionate) assignment of families to experimental and control groups began February 1, 2001, and continued through December 31, 2002, a 22 month period. Outcomes associated with these families will continue to be tracked into next year. In the 6 counties not participating in the impact study, outcomes associated with families who receive the alternative response are also being monitored in order to more fully understand factors that influence the effectiveness of the differential approach.

Study Population and Group Assignment. The last monthly extract of SSIS data received prior to this report included the end of December 2002. Through that date, a total of 8,014 families with accepted child maltreatment reports¹ in the 20 demonstration counties had been determined to be appropriate for the alternative response. Among these families, 5,885 were in the 14 counties participating in the impact portion of the study and where 3,260 (55.4 percent) were assigned to the experimental group and received the alternative response, and 2,270 (38.6 percent) were assigned to the control group and received the traditional response. In Hennepin and Ramsey counties, a ceiling was placed on the number of cases that could be assigned to the AR group, a precaution taken because the workload implications of the new approach were not fully known. This meant that, by default, a ceiling was placed on assignment to the control group and this left a set of unassigned cases in a residual or “other” group. During the random assignment period, there were 350 (4.4 percent of all families screened for AR) placed in the residual group in the two metro counties. The counties were permitted to approach these families as they chose, and 49 received AR while 301 received the traditional response.

Additional service dollars are being provided to counties for AR cases. In the 14 impact study counties these dollars are available for AR cases selected in the experimental study group. In the six non-impact counties these dollars have been available for families that satisfy AR screening criteria and are selected randomly in a process that mirrors the selection of experimental cases in impact counties. The non-impact counties are expected to use the AR approach on any families selected in this manner, and even in these counties such families are referred to as “experimental” (although this term is potentially misleading because in this case it refers only to their random selection but not their inclusion in the impact study; they have no control group counterpart). Non-impact counties may approach these “other” families—families not selected as experimentals—in any way they choose. In the six non-impact counties there were a total of 2,129 families deemed appropriate for AR through the end of December, 2002. Of these, 1,510 were randomly selected to receive additional service funding through DHS (and, therefore, called experimentals), while 619 families were classified as “other.” Of these latter, nearly all (97 percent) received AR.

Table 1.2 breaks down these numbers for each county. It also shows the number of workgroups opened for them. If, following assessment, a case is opened for ongoing case management or to provide services to the family, a workgroup is opened. Multiple workgroups may be opened on individual families. Note that in the table, “Other AR”

¹ An accepted maltreatment report is one that is determined to meet the minimal criteria established by the state requiring an official response and assessment.

represents a subtotal of “Other” and shows the number of families in the residual or other group that received AR.

Table 1.2. AR-Appropriate Families being Tracked by County

County Name	Families	Workgroups	Experimental	Control	Other	Other AR²
Anoka	710	1236	536	174	0	0
Blue Earth	126	277	96	30	0	0
Carver	209	318	161	43	5	4
Chisago	223	413	111	112	0	0
Cottonwood	63	160	45	18	0	0
Hennepin	1962	4867	598	1092	272	3
Kandiyohi	150	286	129	21	0	0
Nicollet	73	141	63	10	0	0
Polk	218	494	140	78	0	0
Ramsey	1089	1892	729	282	78	46
St. Louis	622	1140	386	236	0	0
Scott	308	520	171	137	0	0
Waseca	79	184	51	28	0	0
Yellow Medicine	53	110	44	9	0	0
Total (impact counties)	5885	12138	3260	2270	355	53
Carlton	89	198	37	0	52	52
Dakota	920	1714	793	0	127	122
McLeod	136	256	87	0	49	46
Olmsted	705	1547	400	0	305	296
Pope	62	98	54	0	8	7
Wright	217	424	139	0	78	78
Total (other counties)	2129	4237	1510	0	619	601
Total (all counties)	8014	16375	4770	2270	974	654

² The 654 total “Other AR” cases are included in the 974 total “Other” cases.

Screening Maltreatment Reports

The number of child maltreatment reports accepted and screened in each of the 20 pilot counties during the first two years of the project can be seen in Table 1.3. The table also shows the number of reports in each county as a percent of all reports received in the demonstration area. As can be seen, Hennepin County, the most heavily populated county in the state, accounted for 42 percent of all screened reports during this period.

**Table 1.3. Total Number of Reports Screened and Percent of Project Cases
(February 1, 2001 – December 31, 2003)**

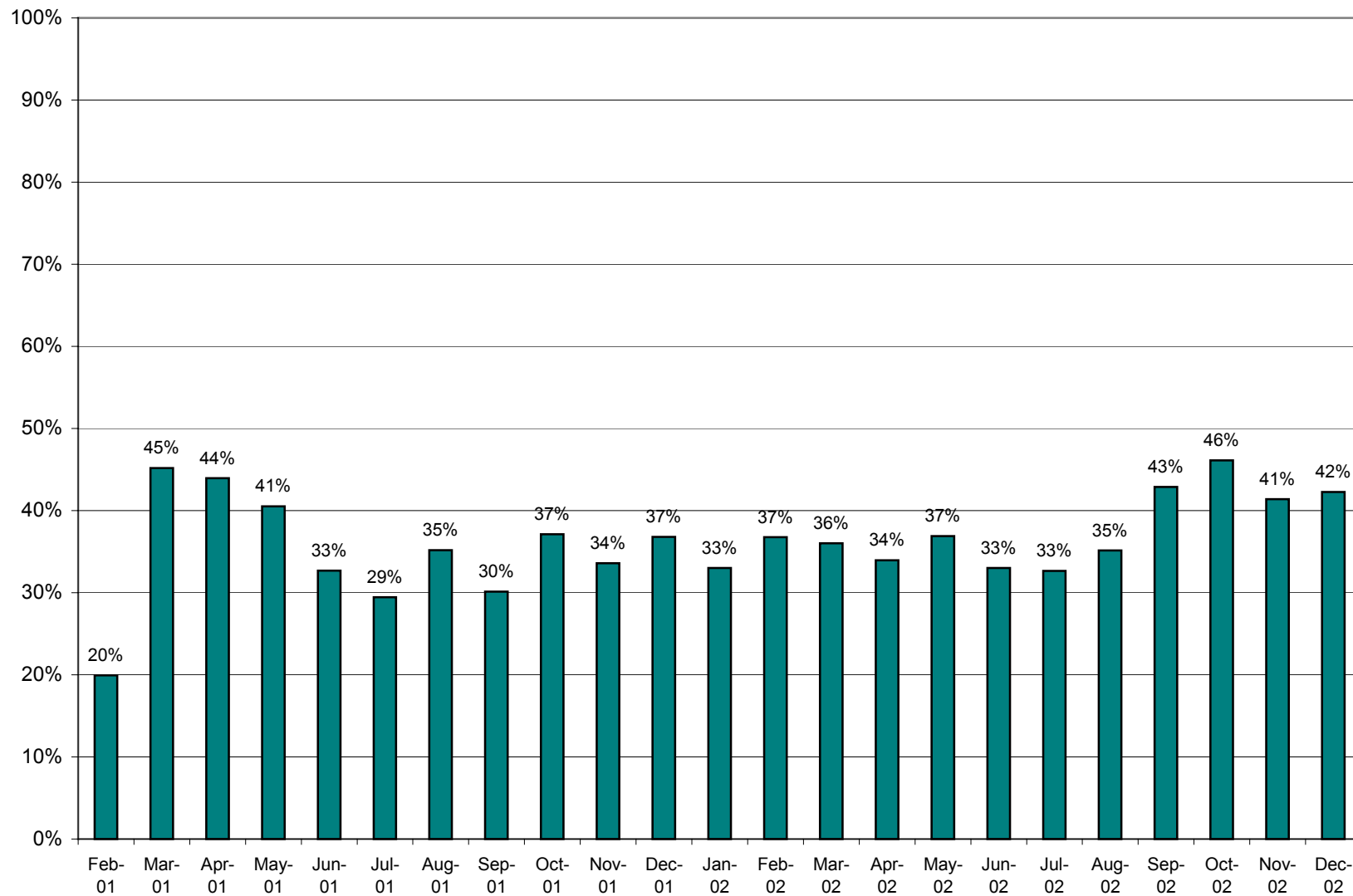
<i>County</i>	<i>Number</i>	<i>Percent</i>
Anoka	1732	7.0%
Blue Earth	459	1.8%
Carlton	169	0.7%
Carver	425	1.7%
Chisago	465	1.9%
Cottonwood	185	0.7%
Dakota	2242	9.0%
Hennepin	10550	42.3%
Kandiyohi	426	1.7%
McLeod	363	1.5%
Nicollet	279	1.1%
Olmsted	1528	6.1%
Polk	540	2.2%
Pope	110	0.4%
Ramsey	2728	11.0%
St. Louis	1305	5.2%
Scott	631	2.5%
Waseca	186	0.7%
Wright	482	1.9%
Yellow Medicine	108	0.4%
Total	24913	100.0%

Through the first two years, 36.7 percent of all accepted reports in demonstration counties were screened as appropriate for the alternative response. Excluding Hennepin County, the figure is 47.5 percent. The percentage screened for AR increased slightly

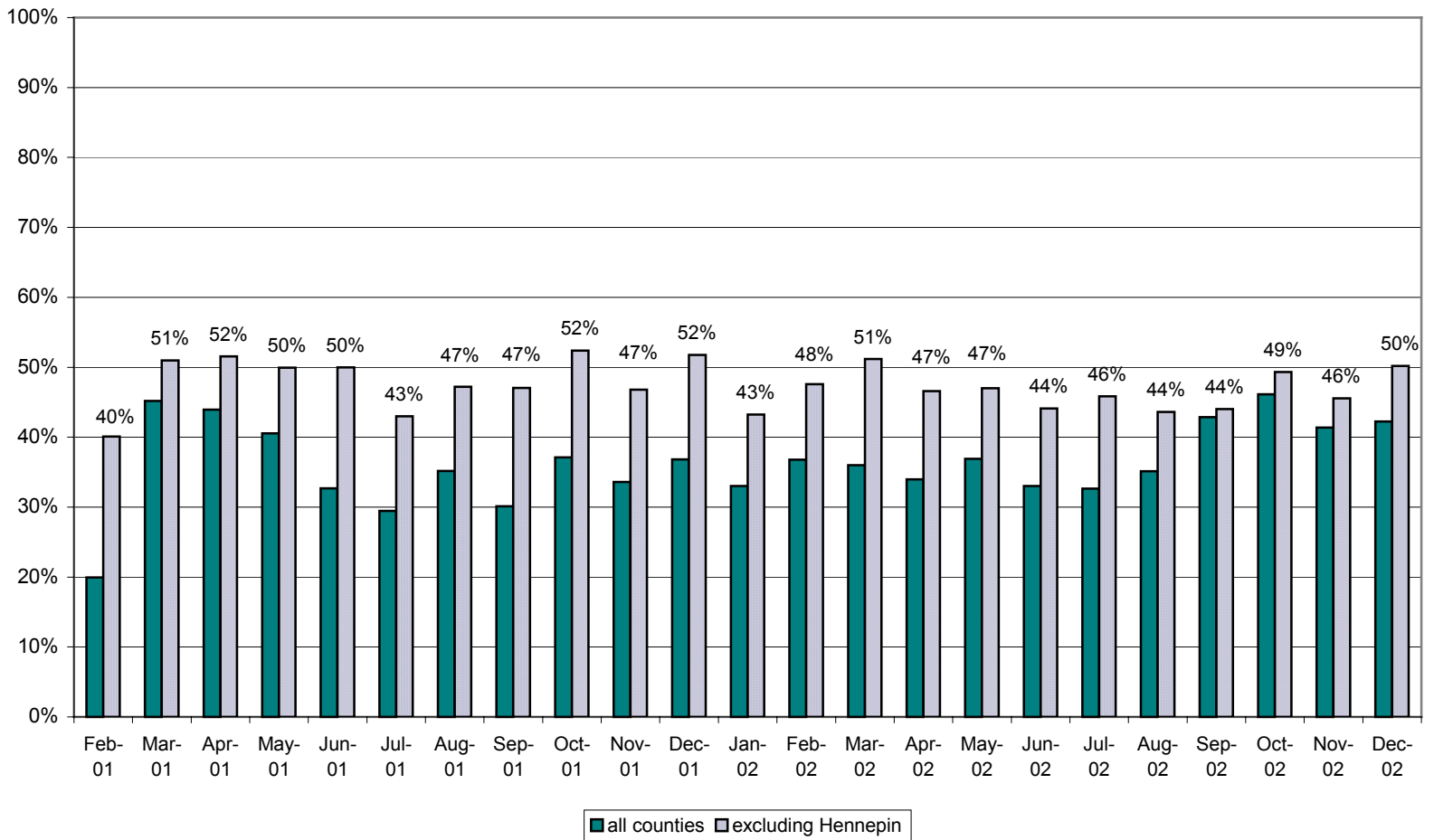
during the second year of the project. During the first year (February through December, 2001), the percentage was 35.7 percent; during the second year (January through December, 2002), it was 37.5 percent. Much of this increase can be attributed to an increase in AR screenings in Hennepin County (although there were increases in other counties as well). Hennepin continued to screen a low proportion of reports for AR through much of 2002, but the county's total rose to 24.8 percent for year two up from 18.8 percent in year one. The change tended to come towards the end of the year. During the last four months of 2002, AR screenings in Hennepin were 38.3 percent of accepted calls. This suggests that the 20-county total for 2003 may well show a marked increase in the percentage of reports screened for AR. .

Since the first month of the project, when just 20 percent of accepted reports were screened as appropriate for AR, the percentage has fluctuated between 29 and 46 percent. These monthly percentages can be seen in Figure 1.1 which shows the percentage of reports screened for AR during each project month from the start in February, 2001 through the end of December, 2002. Figure 1.2 which follows, shows the influence of Hennepin County on the monthly figures. The second graph shows again the total monthly percentages of AR screenings but also shows the percentage for the other 19 counties combined when Hennepin is excluded. After the first month, the percentage minus Hennepin varied from 43 to 53 percent.

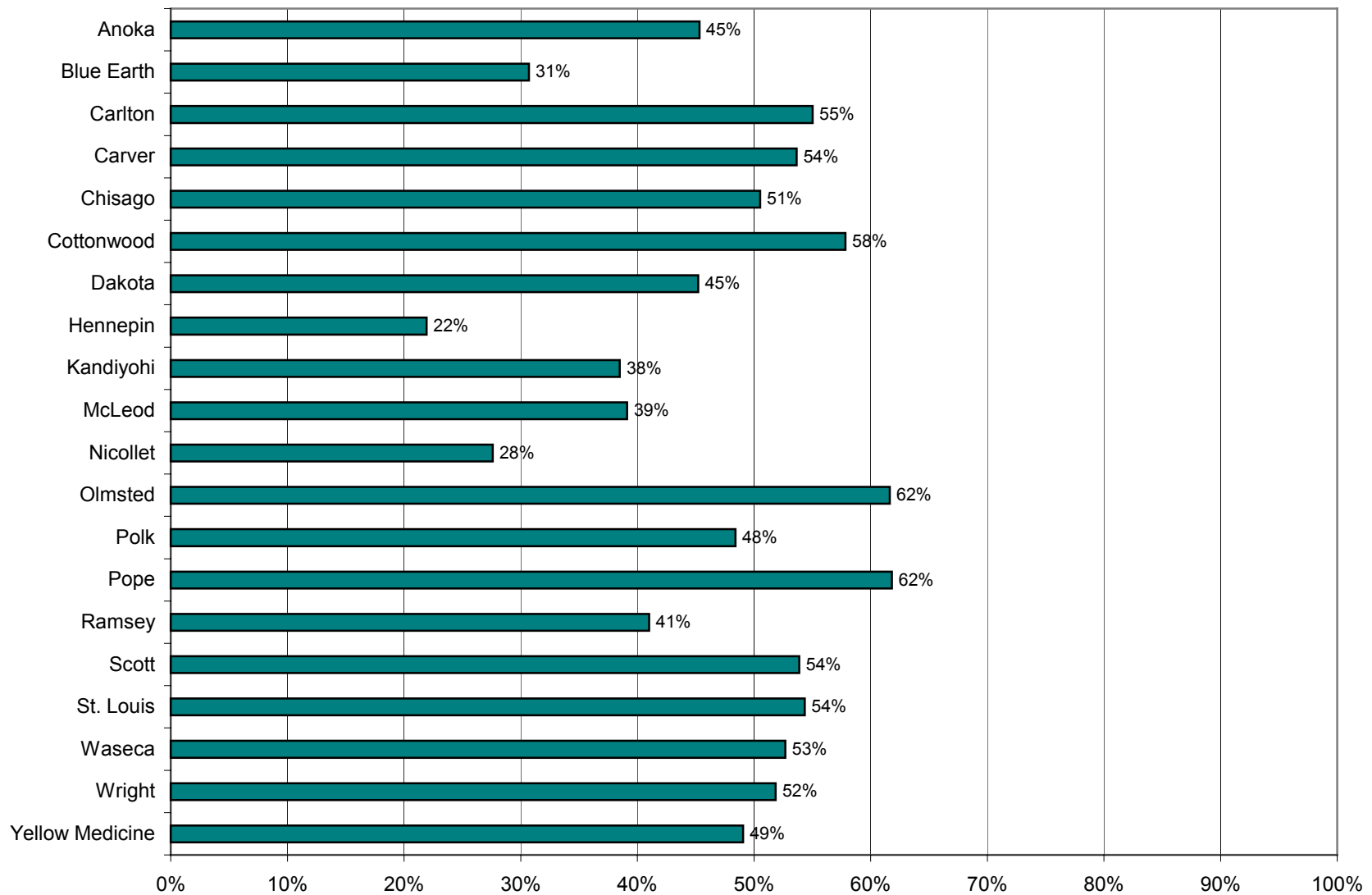
There remains considerable variation among counties in the percentage of reports judged appropriate for the alternative response as can be seen in Figure 1.3. This graph shows the percent of AR screenings for each county over the course of the project thus far. Two counties, Olmsted and Pope, have screened more than 60 percent of their cases for AR, and Cottonwood (58 percent) is nearly at that level. Altogether, 10 of the 20 counties have screened more than half of their reports for the new approach., and 4 others are above 40 percent. At the lower end of the spectrum, Nicollet and Blue Earth counties are not far above Hennepin's average, although, like Hennepin, Nicollet increased its AR screenings in the second year of the project. This can be seen in Figure 1.4 which shows the percent of reports screened for AR by each county for each of the first two years of the project. Nine of the 20 counties had an increase in the percentage of reports they screened for AR. The largest percentage change was in Cottonwood County where AR screenings rose from 36 percent in the first year to 74 percent in year two. Other counties with noticeable increases in AR screening percentage were Pope (14 percent increase), Chisago (14 percent), Nicollet (12 percent), and Waseca (9 percent). The largest percentage decrease was 11 percent in Anoka County. Other counties with a decrease of 5 percent or more included Carlton (down 7 percent) and Dakota and McLeod (down 5 percent). Overall, however, the trend has been towards an increase in AR screening percentage: 11 of the counties screened 50 percent or more of the reports they accepted for AR in 2002 compared with 7 counties in 2001. These statistics reflect the reports of county staff interviewed during the year who tended to speak more and more positively about alternative response. Nonetheless, based on screening proportions, the screening of cases for AR in a number of counties is done very cautiously, restricting the types of reports that receive the alternative response.



**Figure 1.1. Percent of Reports Screened Appropriate for AR by Month
All Counties**



**Figure 1.2. Percent of Reports Screened Appropriate for AR by Month
All Counties Including and Excluding Hennepin County**



**Figure 1.3. Percent of Reports Screened Appropriate for AR by County
between February, 2001 and December, 2002**

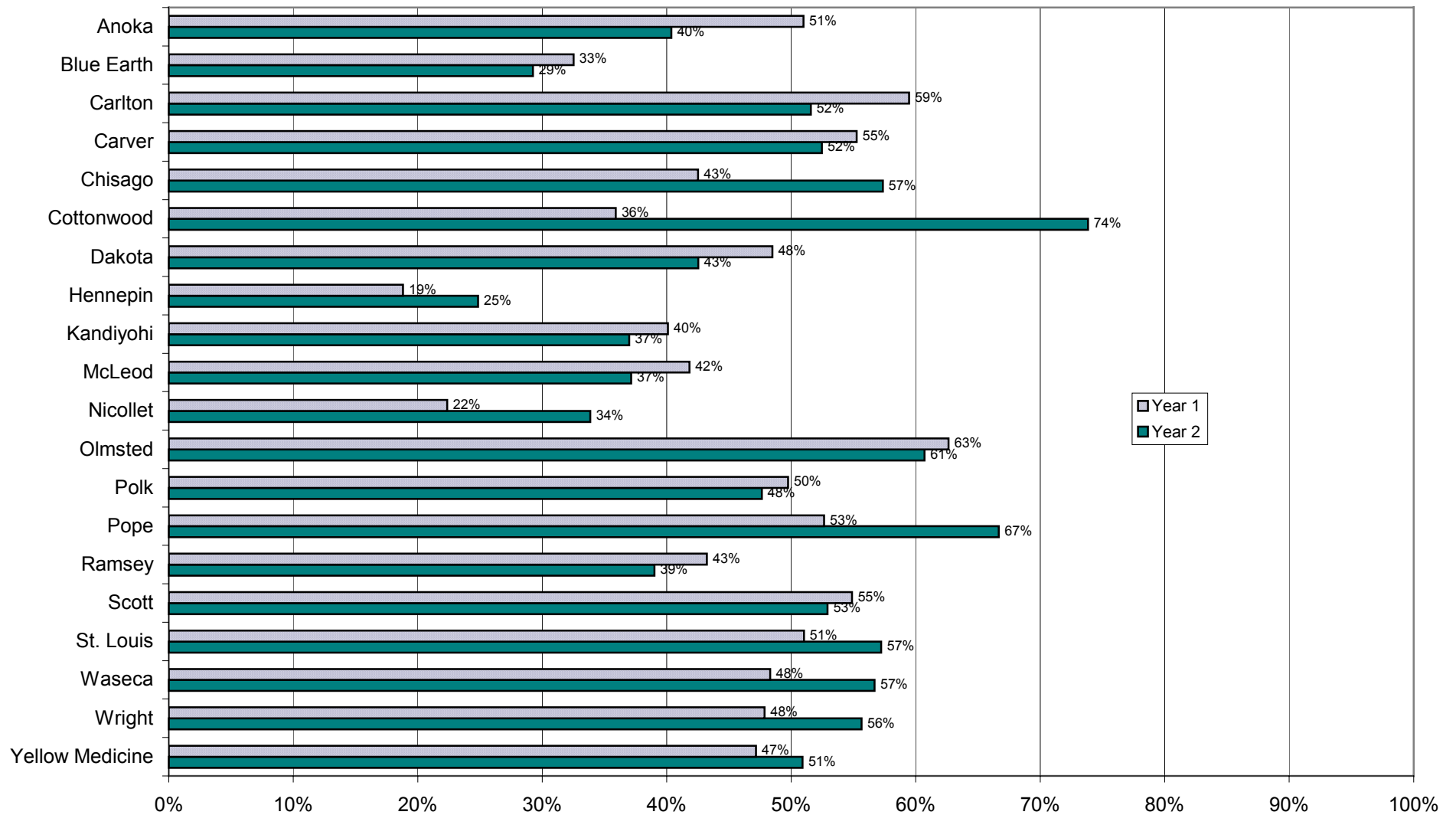


Figure 1.4. Percent of Reports Screened Appropriate for AR by County during Year 1 and Year 2

Track Changes

Table 1.4 shows the percentage of AR cases switched to TR in each county throughout the two-year project period. Changes in track refer to situations in which a case that had been screened appropriate for alternative response is switched to the traditional response. (The opposite is possible, a switch from TR to AR, but it has not happened often.) Although such changes may occur at any point while the family is in

Table 1.4. Percent of AR Families Whose Track was switched to TR

County	Percent AR -> TR
Anoka	12.9%
Blue Earth	11.1%
Carlton	10.4%
Carver	8.0%
Chisago	8.3%
Cottonwood	3.8%
Dakota	4.8%
Hennepin	12.4%
Kandiyohi	2.7%
McLeod	7.8%
Nicollet	0.0%
Olmsted	2.8%
Polk	7.6%
Pope	0.0%
Ramsey	16.5%
St. Louis	5.7%
Scott	4.0%
Waseca	6.3%
Wright	4.3%
Yellow Medicine	22.7%
Total	8.2%

contact with the child protection system, in the normal course of events it can be expected to occur primarily during the assessment phase. Based on reports from workers during site visits, track switches are most likely to occur in three circumstances: if safety issues exceed what was anticipated based on the report, if the family chooses the traditional intervention (which has primarily occurred in situations involving parental custody battles), or, in some counties, if the family is uncooperative. Switches during the course of a case are most likely to occur if some additional charge or finding is made concerning risk to the child and/or if the decision is made to remove the child, especially when such removal is involuntary and expected to be longer term.

While the percentage of cases screened as appropriate for AR increased during the second year of the project, the frequency of track changes also increased, rising to 8.2 percent from 3.9 percent. Thus, despite the small increase in the proportion of cases screened appropriate for AR, a number of counties have remained conservative in applying the alternative response.

A complicating effect of the variation in screening percentages for the evaluation is variation in the study population across the 20 county area. Unless the population of child abuse/neglect cases itself differs greatly from county to county, Pope and Olmsted are screening certain reports as appropriate for AR that Blue Earth and Yellow Medicine, for example, are not. This suggests that certain counties are utilizing AR for cases with higher levels of risk concerns and that, on the other hand, other counties are dismissing AR as appropriate in cases in which there is anything but the lowest level of concerns. This issue is discussed in the impact section along with statistical means of addressing it.

Accepted Reports and Trend Lines

One of the things being monitored during this evaluation is the total number of reports of child maltreatment. Figure 1.5 shows the monthly number of accepted reports across the 20 county area. While the monthly number fluctuates a great deal across the 12-month annual cycle, a slight decrease can be seen in the trend line. This has occurred during a period of economic down turn which is often associated with an increase in CA/N reports. At the present time there is no comparison data to provide an interpretive context for these numbers. However, at a future point, these report data will be compared to data from other parts of the state. This will be a complex task, however, as a number of other counties begin implementing alternative response.

Figure 1.6 shows the types of assessments (TR vs. AR) these reports have received and the trend lines for each type. As can be seen, there has been a lowering in the actual number of reports getting a traditional response. At the same time, the number of reports getting an alternative response has not declined despite the overall reduction in reports. This is consistent with the percentage increase in use of AR from year one to year two of the demonstration that was described above.

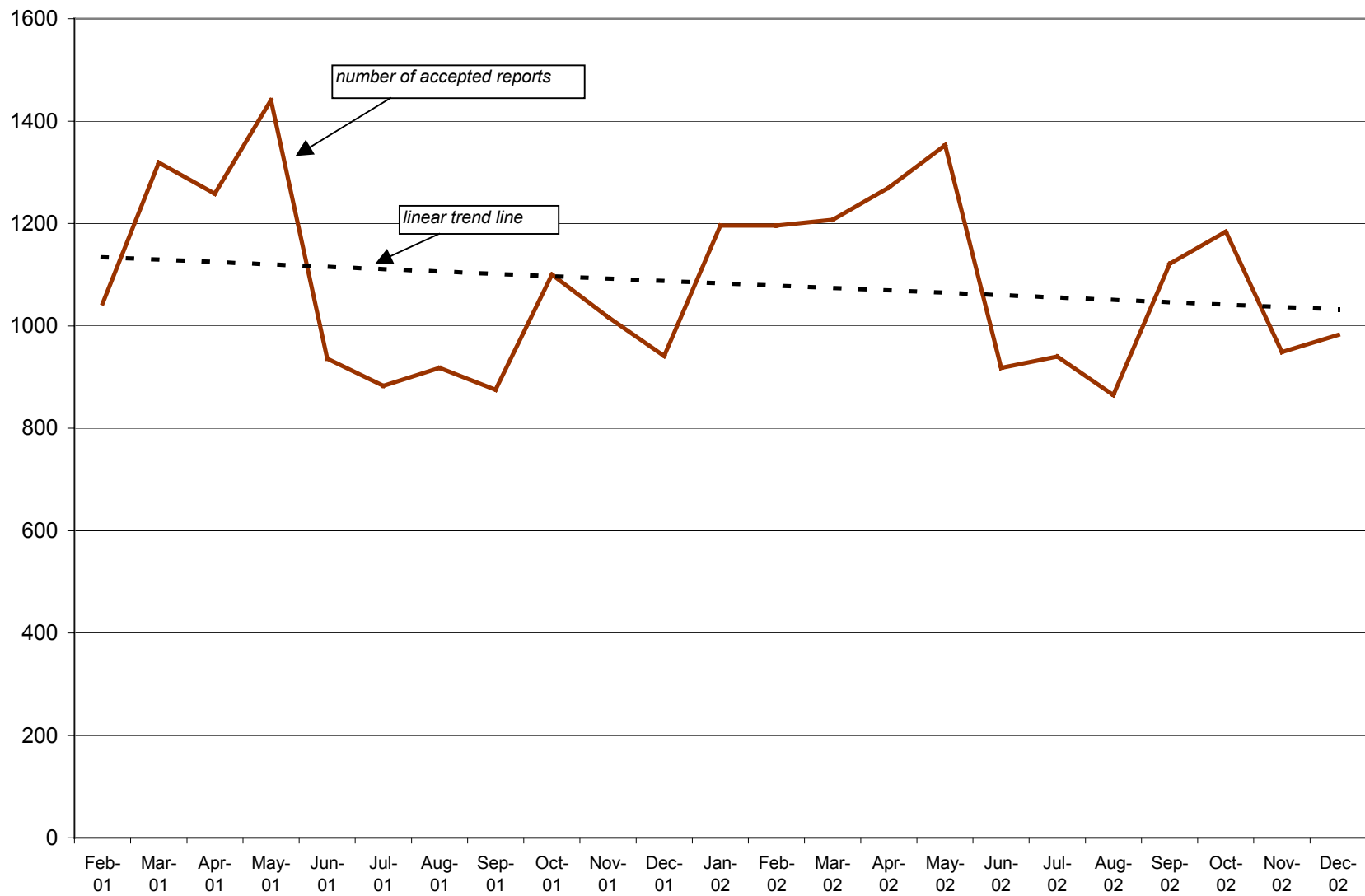


Figure 1.5. Number of Accepted Reports by Project Month and Trend Line

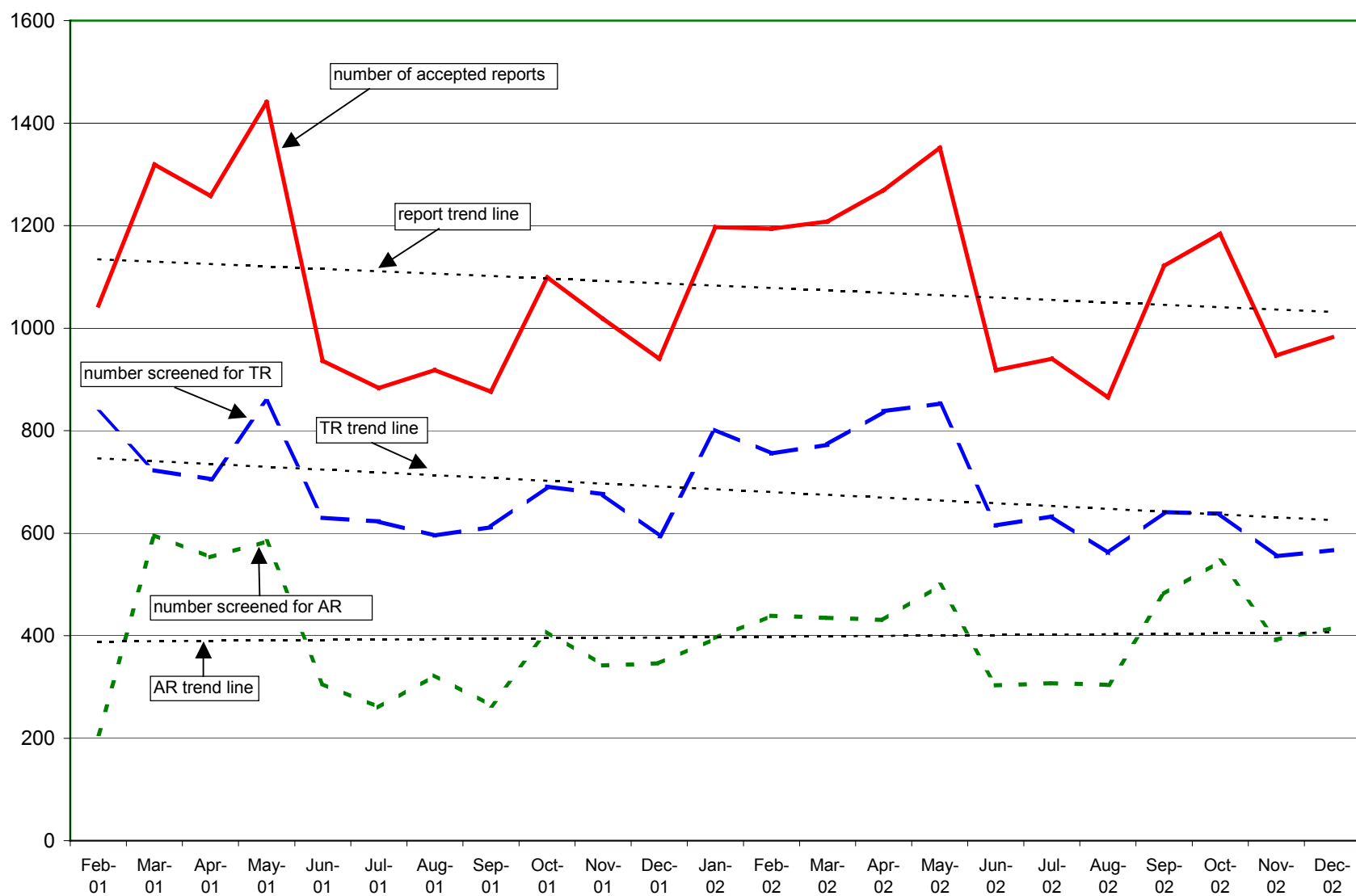


Figure 1.6. Number of Reports and Assessments and their Trend Lines

Opening Cases and Services

Every accepted report of child maltreatment receives an assessment, whether it has been screened for the alternative or traditional response. Some assessments, in turn, lead to the opening of ongoing cases and the provision of services. As will be seen in the following analyses, through the first two years of the demonstration, families who received the alternative response were more than twice as likely to have an ongoing case opened than families who received the traditional response.

Data on accepted reports, assessments and case openings are contained in SSIS extracts. For the purposes of our analyses, we have assumed a link between a specific assessment and a new case opening if the case opening occurred at any time from the date of the assessment through 30 days after the assessment work group was closed.³ Using this definition, a new ongoing case was opened for 27.6 percent of all families screened for AR thus far, whether they actually received the AR or the traditional approach. An additional 2.2 percent of the families involved in these reports had existing cases already opened at the time of the new report and assessment.

All AR Families. Having the alternative response increased a family's chances of having an ongoing case opened. This can be seen in Table 1.5 which shows the percentage of families who received the alternative response in each demonstration county on whom a service case was opened. (These data are based on SSIS extracts). These figures include all families who received the alternative response, whether they were selected as "experimentals" or were in the unassigned, "other" category. As the table shows, 34.4 percent of the families who received the alternative response had a new service case opened following assessment. A few (1.5 percent) had an existing case already opened prior to the assessment from an earlier maltreatment report.

The percentage of AR families with opened service cases varied from county to county and ranged from a low of 23.6 percent in Carver County to a high of 83.5 percent in Carlton County. The percentage of families with opened cases in Carlton County is very high compared with other counties. Waseca is the only other county in which more than half of AR families have had a case opened.

AR Experimentals and Controls. We can gain an understanding of the impact of AR on the probability of having an ongoing case opened by looking at experimental and control families in the 14 impact study counties. During the first year of the demonstration we found that families screened appropriate for the alternative response and randomly assigned to the experimental (AR) group were more likely to have a case opened following assessment than were families in the control (TR) group. This finding has held up through the second year of the project. (See Table 1.6.)

Over the 23 months covered by the current analysis, 34.3 percent of families in the experimental group had new cases opened versus 14.6 percent of control families.

³ Extending this definition in trial analyses to 60 and 120 days following the closing of an assessment work group did not measurably increase our counts of new case openings.

Considering that some families had existing cases already opened at the time of the new assessment, the total percent with opened cases was 35.5 for the experimental group and 17.2 for the control group.

**Table 1.5. Percent of AR Families with Opened Cases
(i.e., entered into SSIS as new work groups)**

County	<i>new case</i> %	<i>existing case</i> %	<i>total</i> %
Anoka	35.5%	1.0%	36.5%
Blue Earth	22.8%	1.1%	23.9%
Carlton	82.4%	1.2%	83.5%
Carver	23.6%	0.0%	23.6%
Chisago	46.3%	0.9%	47.2%
Cottonwood	24.4%	6.7%	31.1%
Dakota	33.9%	1.1%	35.1%
Hennepin	47.2%	1.3%	48.4%
Kandiyohi	41.1%	0.8%	41.9%
McLeod	46.1%	0.8%	46.9%
Nicollet	29.0%	0.0%	29.0%
Olmsted	30.3%	3.9%	34.3%
Polk	24.8%	2.3%	27.1%
Pope	23.0%	1.6%	24.6%
Ramsey	29.0%	0.7%	29.7%
St. Louis	29.5%	1.8%	31.3%
Scott	25.6%	0.0%	25.6%
Waseca	52.1%	2.1%	54.2%
Wright	33.5%	1.0%	34.4%
Yellow Medicine	37.2%	7.0%	44.2%
Total	34.4%	1.5%	35.9%

Table 1.6. Percentage of AR Experimental and Control Families with Opened Cases

County	<i>experimental</i>			<i>control</i>		
	<i>new case %</i>	<i>existing case %</i>	<i>total %</i>	<i>new case %</i>	<i>existing case %</i>	<i>total %</i>
Anoka	35.5%	1.0%	36.5%	19.1%	0.6%	19.7%
Blue Earth	22.2%	1.1%	23.3%	7.1%	0.0%	7.1%
Carver	22.9%	0.0%	22.9%	2.3%	0.0%	2.3%
Chisago	46.7%	0.9%	47.7%	18.3%	0.9%	19.3%
Cottonwood	24.4%	6.7%	31.1%	50.0%	0.0%	50.0%
Hennepin	47.0%	1.3%	48.2%	11.9%	3.8%	15.6%
Kandiyohi	41.1%	0.8%	41.9%	14.3%	0.0%	14.3%
Nicollet	29.0%	0.0%	29.0%	20.0%	10.0%	30.0%
Polk	25.0%	2.3%	27.3%	16.9%	3.9%	20.8%
Ramsey	30.2%	0.8%	30.9%	26.1%	1.8%	27.9%
St. Louis	29.5%	1.9%	31.4%	8.7%	2.3%	11.0%
Scott	25.7%	0.0%	25.7%	10.3%	0.7%	11.0%
Waseca	52.1%	2.1%	54.2%	28.6%	0.0%	28.6%
Yellow Medicine	38.1%	7.1%	45.2%	12.5%	0.0%	12.5%
Total	34.3%	1.2%	35.5%	14.6%	2.6%	17.2%

The increase in case openings due to AR can be more easily seen in Figure 1.7. This bar graph charts the percentage of new case openings among experimental and control families.

For most families, having a case opened is a precondition for receiving services, particularly funded services. The data reflected in Table 1.6 and Figure 1.7 provide a strong indication that families receiving the AR approach are more likely to receive services than are similar families receiving the traditional approach.

From the beginning of this project, both from county and state administrators and from professionals outside the state, a key question was: Are more services being provided to families because of AR? During site visits and interviews with county staffs, we were repeatedly told anecdotally that many AR families were receiving services that

they would not have received in the past.⁴ These data, based on the total population of experimental and control cases, support what we were told. As will be seen, this finding is reinforced by reports received from families as well as the detailed information being collected from workers on a sample of study families.

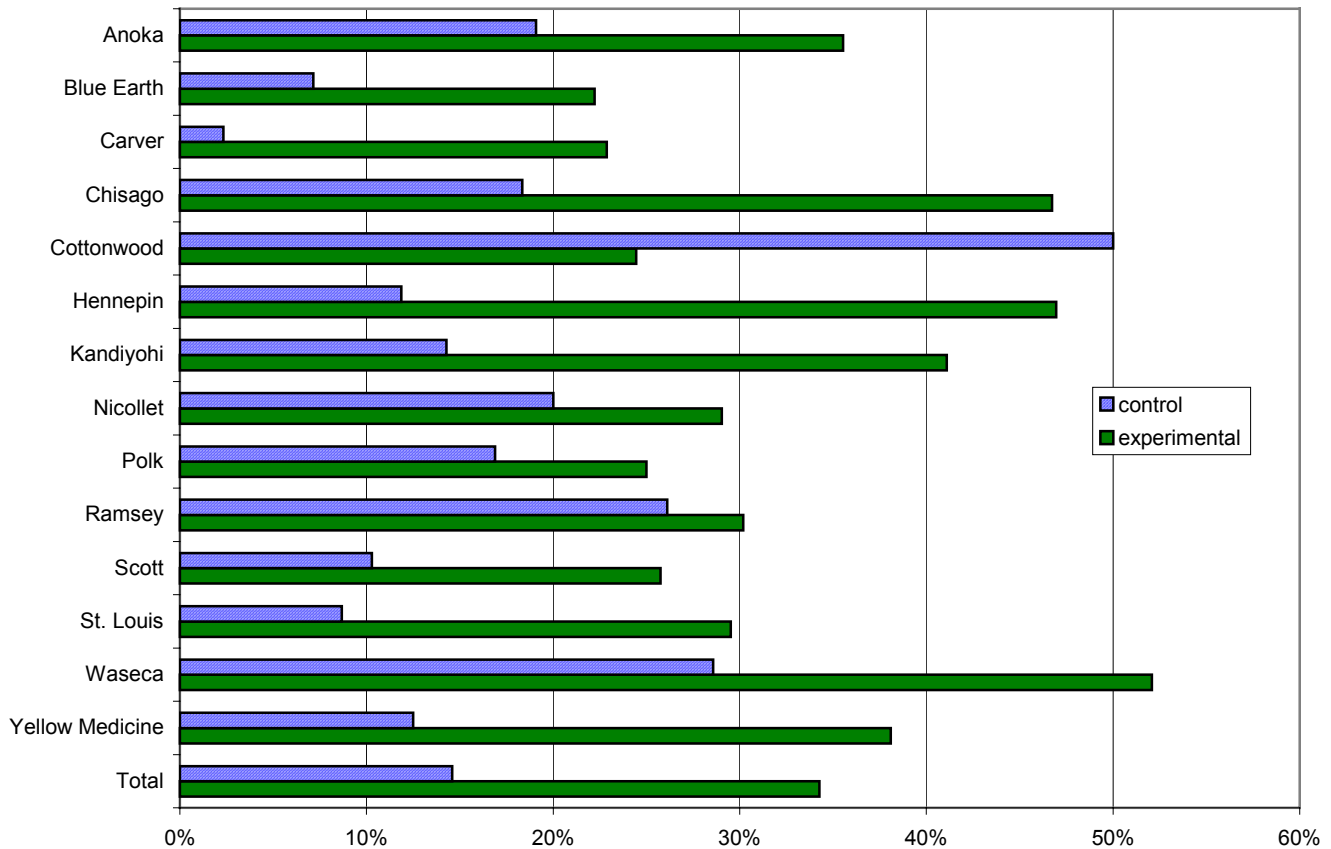


Figure 1.7. The Percentage of Experimental and Control Families with New Cases Opened

⁴ One worker said: “Many AR cases wouldn’t have been opened in the past. We wouldn’t have been able to provide services to these families.” Another said: “We would simply have closed them more quickly—without services in most cases.”

Changes in Practice: Interim Findings

The basic equation of the Minnesota Alternative Response approach can be expressed as:

$$a + b = c$$

where

a) involves approaching families as a unit and in a positive manner consistent with sound family-centered practice, focusing on the problems they may be experiencing and on their needs, and involving them in decision making about what to do;

b) involves providing services and assistance that fit the needs and situations of families, linking them to other community resources when possible; and

(c) is the outcome or results desired by the family and the public service system: a reduction in future risks to the child and the enhancement of child and family well-being.

The first two elements in the equation involve the nature of the intervention or child protection practice. The third element, the product, is directly linked to the two practice elements. The equation says, if you want to change outcomes you must first change practice. Changes in practice are a precondition for changes in outcomes. The question for the process study is: Has practice changed? The question for the impact study is: Has this change been sufficient to produce desired outcomes?

Data Sources. In addition to SSIS data related to case openings reported above, there are two important sources of information on how child protection practice has been affected by the institution of the Alternative Response approach: 1) feedback received from experimental and control-group families, and 2) detailed case-specific information provided by county child protection workers on a random sample of experimental and control families.

Families are a critical data source in this evaluation. Feedback is being obtained from them through surveys and interviews as their cases close.⁵ Those who choose to participate are being re-contacted on a 12-month cycle throughout the evaluation period. Through the end of December, 2002, primary caregivers in 909 families have provided feedback—270 were interviewed and 639 completed written questionnaires. Additionally, 208 had been successfully contacted a second time.

The case-specific sample is drawn to collect information from workers that is not available in SSIS data extracts. Approximately one case in ten is selected from among all cases in the study population that close during a given month. Data collection is done via an internet-based survey device. Through the end of December, 2002, 575 cases have

⁵ A discussion of successive efforts to improve the family response rate is provided in Appendix 2.

been selected in the sample and, thus far, county child protection workers have provided responses on 490 of them. Nearly all (98 percent) of the workers providing this information had conducted the initial assessment of the family.⁶

Major Findings. Because of the experimental nature of the research design, we are able to learn how child protection practice with the alternative response is similar to or different from practice associated with traditional CPS. Through the first two years of the demonstration, a number of differences were found in practice that rise to the level of statistical significance.

Compared with families that received the traditional approach, AR families have been more likely to report:

- Greater satisfaction with the way they were treated by child protection workers.
- That they were treated in a friendly manner.
- That they were more involved in decision making
- That CPS workers tried to understand their situation and needs.
- That they had an increase in certain positive feelings following the initial visit from workers and a reduction in negative feelings.
- That workers met with them on subsequent occasions in which their children or whole family were present.
- That workers helped them obtain services and provided direct assistance themselves to families.
- That workers connected them to other community resources.

Correspondingly, compared with the traditional approach to child protection, workers that utilize AR have been more likely to report:

- That they had more contact with families.
- That they conducted interim and final assessments.
- That families were cooperative.
- That services and support were provided to the families.
- That the services provided were effective and matched to the needs of families.
- That services were provided across a broader spectrum of service areas.
- That families were linked to a broader set of community resources.
- That extended families were involved in providing support to the families.

Family Feedback. Although, experimental-control group differences on these issues were not always great in absolute terms, as can be seen in the series of charts presented below, the differences, nonetheless, were all statistically significant and represent a real change in practice. At the same time, no areas were found in which responses from (control) families who received the traditional approach were more positive than (experimental) families in the AR group.

⁶ In Hennepin and Ramsey counties, where community organizations are heavily involved in AR cases, workers from these agencies are asked to respond to the case-specific survey. In other counties, the respondents are county social workers.

Overall, a relatively large percentage of responding families tended to report general satisfaction with the way they were treated by workers visiting their homes. However, the level of family satisfaction increased with the AR approach, as can be seen in Figure 1.8.

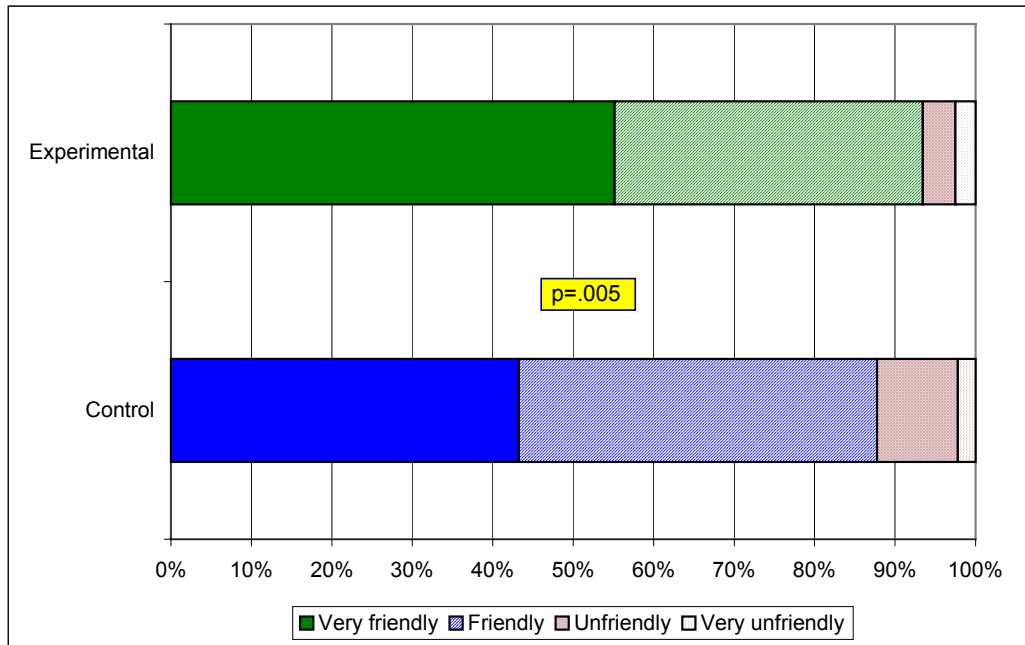


Figure 1.8. Question: How satisfied are you with the way you and your family were treated by the worker that visited your home?

Similarly, although families in the traditional group frequently reported that child protection workers treated them in a friendly manner, families receiving the alternative response were even more likely to. Whereas 43 percent of the control/traditional approach families described the manner in which they were treated as “very friendly,” this figure rose to 55 percent for experimental/AR families. (See Figure 1.9).

AR families were more likely to report that they had been involved in decisions made about what would be done to address the problem areas and family needs discussed with workers. While 45 percent of the families who received the traditional approach said they had been involved “a great deal” in such decision making, this figure rose to 67 percent among AR families. (See Figure 1.10.)

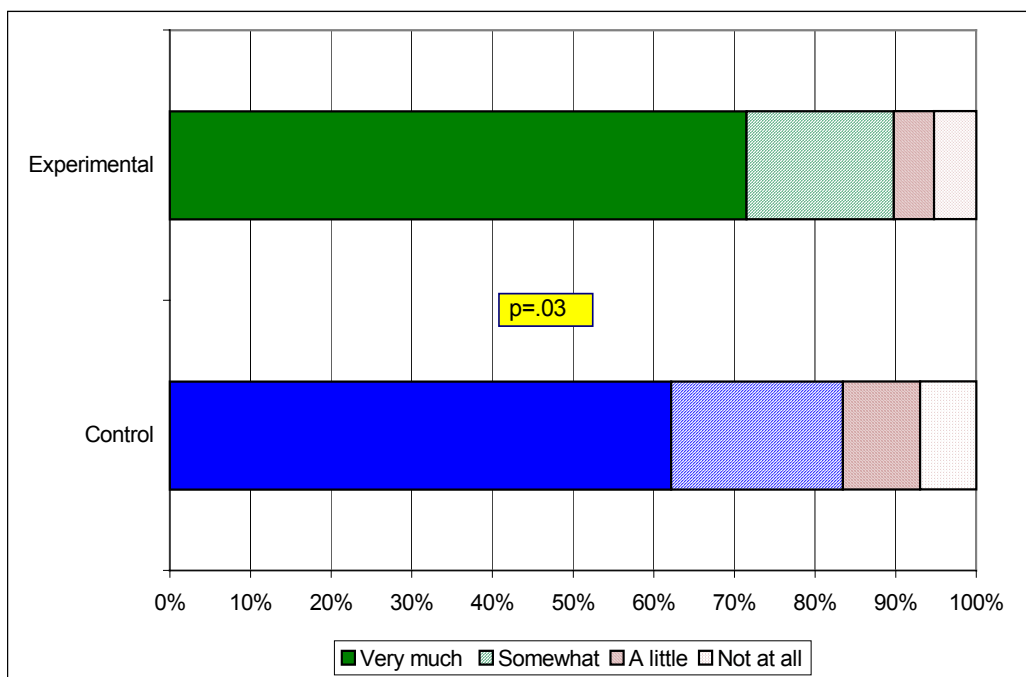


Figure 1.9. Overall, were you treated in a friendly manner by the worker?

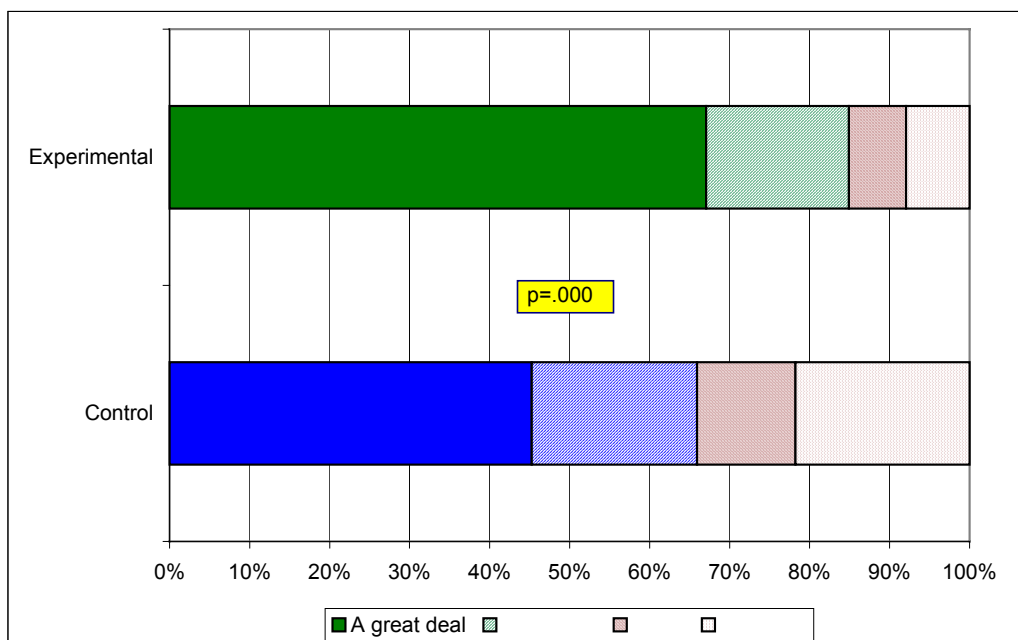


Figure 1.10. Were you involved in the decisions that were made about your family and children?

AR families were more likely than families who received the traditional approach to report that the county workers they met with tried to understand their family’s situation and needs. Once again the difference may not seem substantial—72 percent of AR families compared with 62 percent of TR families said workers tried “very much” to understand—and a majority of TR families gave the workers they met with positive marks. Nonetheless, the difference was statistically significant and suggests an improvement in practice. (See Figure 1.11.)

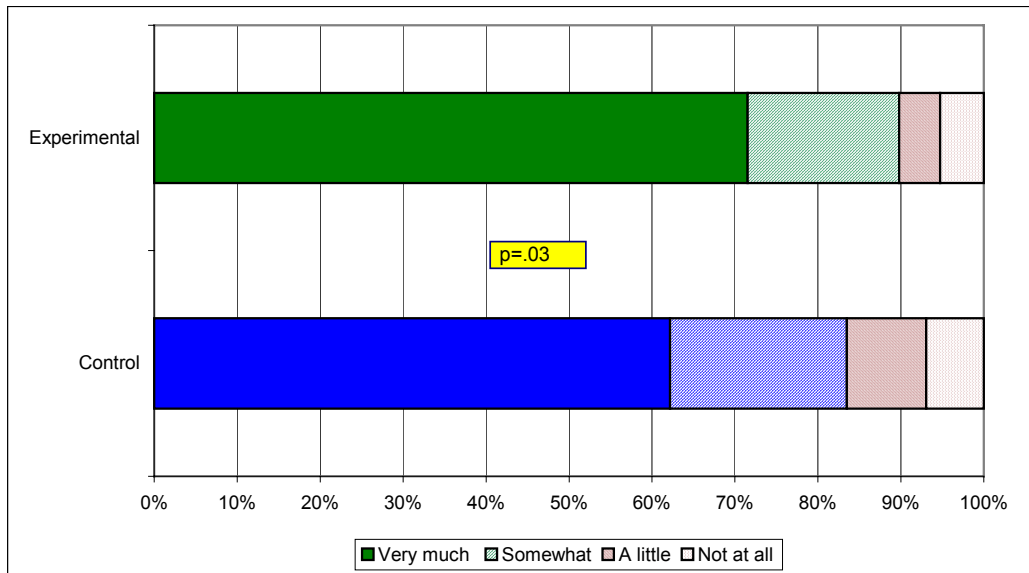


Figure 1.11. Did the county worker(s) you met with try to understand your family’s situation and needs?

In an attempt to better understand how families responded to the two approaches, caregivers were asked to describe their feelings at the end of the first visit from the county child protection worker to their home. They were specifically asked about a set of 24 emotions, 12 positive and 12 negative. Overall, the AR approach can be seen as reducing negative feelings among families and increasing some positive feelings. Figure 1.12 presents these data in two parts. Part A shows the percentage that reported particular negative emotions at the end of the worker’s initial assessment visit, and Part B shows the percentage that indicated certain positive feelings.

As can be seen in Figure 1.12-Part A, the AR approach led to a significant reduction in negative feelings generally. Families were less likely to say they felt stressed, worried, irritated, confused, tense, afraid, discouraged angry, dissatisfied, negative or pessimistic.

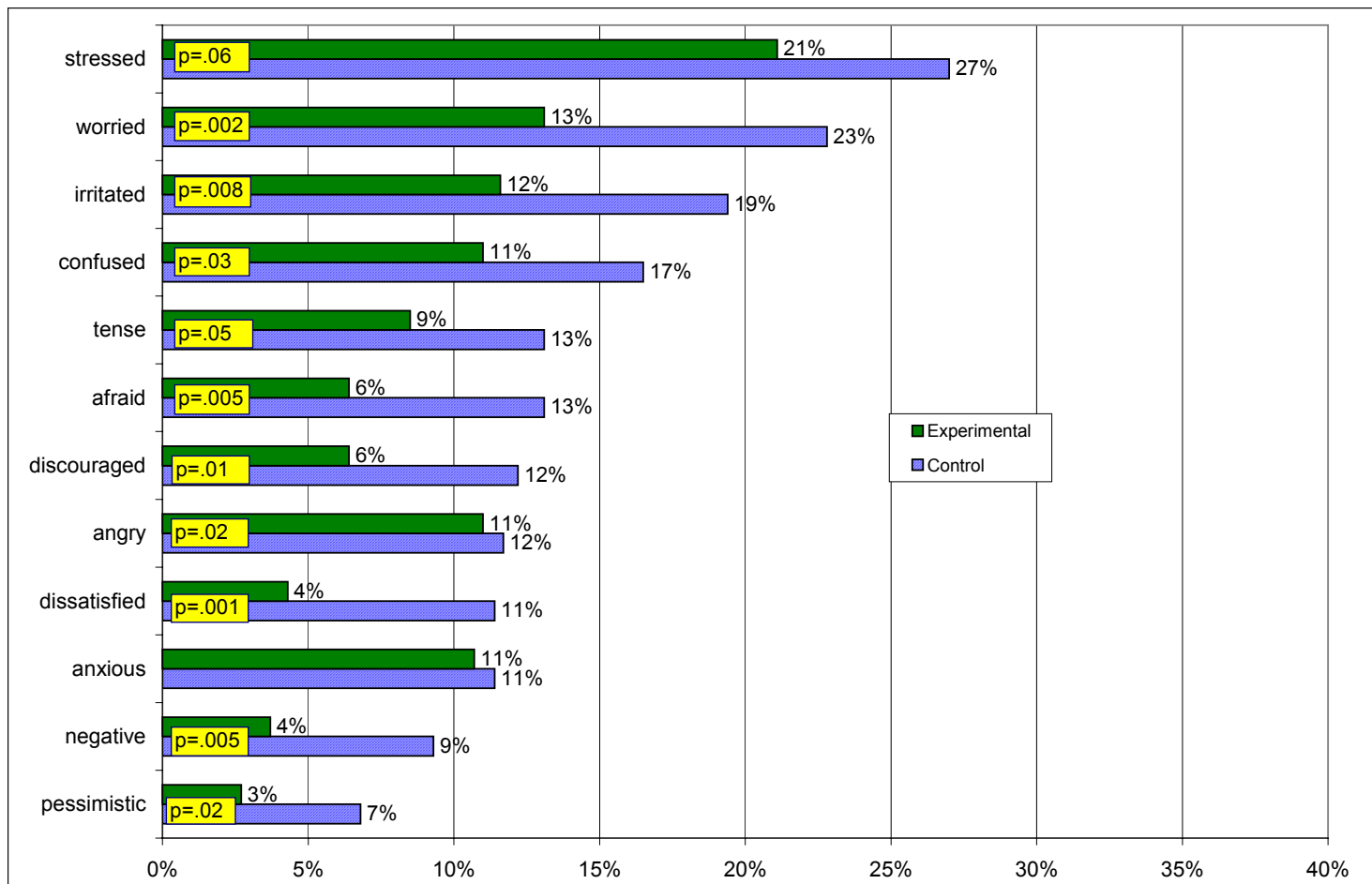


Figure 1.12-Part A. How would you describe your feelings at the end of the first visit from the county worker to your home? (Negative feelings reported)

Correspondingly, as Figure 1.12-Part B shows, there was an increase in certain positive emotions reported by caregivers. A significant increase was reported by AR families in being relieved, pleased, and reassured following their first meeting with a child protection worker. On nearly all other emotions in the set, AR families were somewhat more likely to report a positive reaction, although the difference did not rise to the level of statistical significance.

AR families were somewhat less likely than TR families to report that there were matters that were important to them that were not discussed at the initial meeting with the county worker, although the difference at this point is not statistically significant. AR families did report a greater frequency (36 percent to 23 percent) of a subsequent meeting with the worker in which their children or their whole family was present, and the difference was significant.

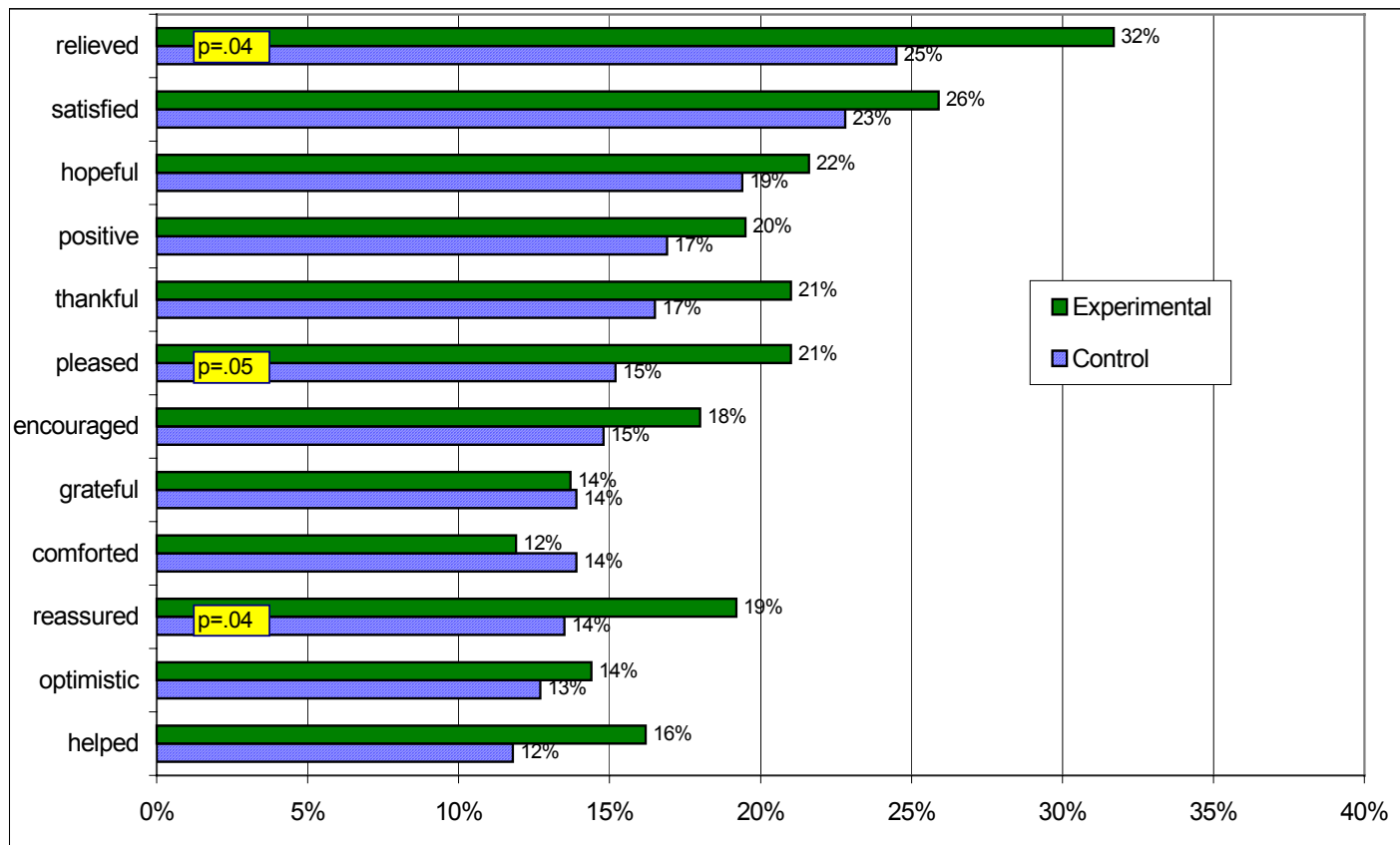


Figure 1.12-Part B. How would you describe your feelings at the end of the first visit from the county worker to your home? (Positive feelings reported)

The data presented in this set of graphs indicate that there have been significant changes in child protection practice as it is experienced by the families with the introduction of the alternative response. Moreover, the changes reported by caregivers is consistent with the intervention model being introduced by DHS and county social service offices.

Throughout our interviews with families we asked them to tell us why they felt the way they did and to give us examples that explained what they said. The following two frames are representative comments from families we interviewed. The first frame contains comments from families who received the alternative response and the second frame contains comments from families who received a traditional assessment.

AR Families

When asked in interviews why they were satisfied or dissatisfied, families that received AR were more likely to say things like:

- “She listened to what my concerns were and was there to help.”
- “She wasn’t quick to judge.”
- “She was nice, non-judgemental. She heard the whole story.”
- “She was a good listener. I was comfortable with her.”
- “She was polite, not rude.”
- “She told me why she was there and tried to help.”
- “He was really nice, really understood. Rather than automatically assuming I’m a bad person.”
- “I was grateful she didn’t think that we were bad people.”
- “She informed me of my options and was respectful.”
- “She made me feel comfortable, answered everything we asked and explained everything.”
- “He worked with us, understood everything that was going on.”
- “She met with us together and took time with each member of the family.”
- “She gave me information that helped.”
- “They wanted to make sure things were OK with (son) and gave me information that helped.”
- “They were helpful and opened doors. Provided other eyes. It was good to see what others see that you don’t.”
- He gave us a lot of ideas and the kids liked him.
- “She taught us parenting techniques. I had trouble with my three year old. I know better now how to discipline her and her behavior has changed.”

Not all families that received AR were satisfied with the way they were treated. Those who were not, tended to report worker behavior that, at face value, was not consistent with the AR intervention model; such as:

- “It was uncomfortable. She didn’t do very much listening. She did most of the talking.”
- “She was hostile and made too many accusations without any basis.”
- “They upset the kids and then just left.”
- “I am still stressed because of the accusations.”
- “I felt like somebody was interrupting my life and I did not have any power.”

TR Families

Many families who received a traditional response reported satisfaction with the way they were treated during the assessment:

- “She was real nice and understanding.”
- “She handled things well. I didn’t feel threatened.”
- “She was nice, pleasant and explained things thoroughly.”
- “I was treated fairly—no racism.”
- “She was a professional. She talked to my daughter and let her know she’s lucky to be in a good family.”
- “I learned a lot about my daughter.”
- “We talked about different disciplinary measures and I took a lot out of what she was saying.”
- “They were very thorough, accurate. I could express myself to them.”

On the other hand, families who received the traditional response were more likely to report negative experiences, such as:

- “He didn’t explain why he came.”
- “She came accusing. I was not given a chance. I was disrespected and labeled and treated like a bad person.”
- “My husband and I were treated very rudely.”
- “They had no business coming to my house and treating me like an animal. They made a tape of the whole thing.”
- “The lady never told us she was coming and was a little threatening.”
- “It caused so much stress in our family.”
- “Things are the same. Still no help with what I need, like child care. No help.”
- “Things were discussed but not followed through on.”
- “The worker acted like he had power over me. I am extremely dissatisfied.”
- “Workers need to assess situations individually.”

Worker Feedback. The impact of AR on practice as seen through the eyes of caregivers is consistent with what child protection workers have told us anecdotally during site visit interviews. Moreover, it is also consistent with certain data obtained through the case-specific survey in which workers provide detailed information on a random set of AR and TR cases. For example, workers tend to report that AR families are more cooperative the first time they meet with them, but particularly on subsequent visits. Workers in AR cases more frequently report that they have conducted interim/follow-up assessments (26 percent vs. 15 percent of TR families) as well as more

final assessments (47 percent vs. 24 percent). Consistent with this, workers report about twice as many contacts with AR families compared with TR families—an average of 11.9 contacts of any kind in AR cases (including face-to-face or telephone contacts plus ancillary contacts with other persons involved in the case) compared with 6.8 contacts in TR cases.

Services. The previous data in this section primarily pertains to the form or manner of social work practice. Significant differences were also found in substance—in services provided and assistance given.

Perhaps the most telling finding about services thus far is the close correspondence in the responses of families and workers. Both groups were asked a series of specific questions about services and assistance that may have been provided to families, some similar, some different. Both caregivers and workers were asked a general question about the provision of services. Families were asked: Did the worker(s) help you obtain any services? Workers were asked: Were any services provided to this family? The experimental-control differences in both instances were statistically significant and remarkably close to each other. . (See Figure 1.13.) Among family

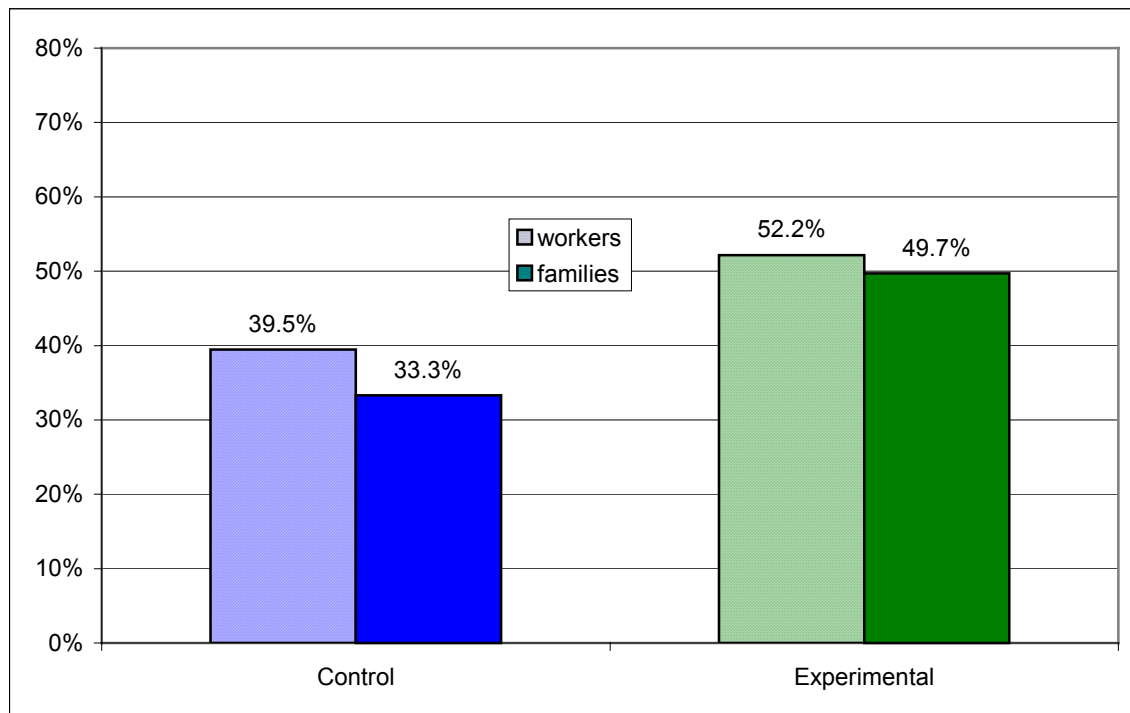


Figure 1.13. Percent of Experimental and Control Families that Received Services according to Families and Workers

respondents, 33.3 percent of the control (TR) families said they had received some services whereas 49.7 of the experimental (AR) said they had. In the case-specific

survey, 39.5 percent of the workers said the specific control families they were asked about had been given services and 52.2 percent of the experimental families had received services

AR/experimental families were more likely than TR/control families to report 1) that the county child protection worker provided direct assistance to them or their children, 2) that a county or community worker contacted another agency or service resource on their behalf, and 3) that the worker gave them names of resources where services and assistance were available. Moreover, AR families were more than twice as likely to report that they had been offered specific services or help than they had turned down. All of these differences between the experimental and control groups were statistically significant. We also asked families if there was any help that they wanted or needed that they did not receive. The answers to that question were not significantly different, although, as can be seen in Figure 1.14, the trend favors AR.

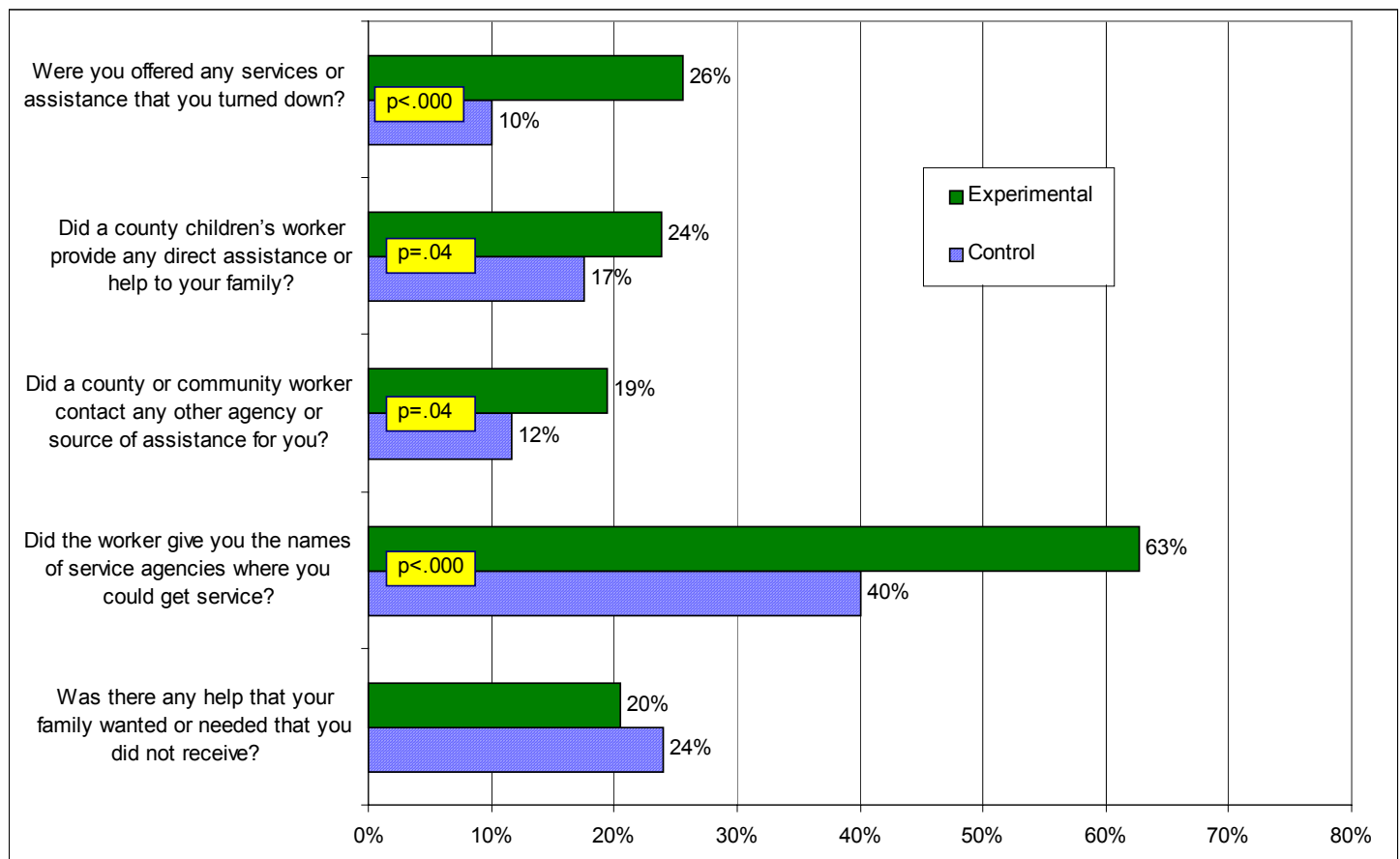


Figure 1.14. Reports of Experimental and Control Families about Services Offered and Received

In responding to the case-specific survey, workers frequently indicated that they gave families information about where services could be found—78.1 percent of workers

said they had done so in the case of AR families and 67.8 percent said they had in the case of TR families. However, AR workers were more likely to know when families acted on the information given. In addition, workers were much more likely to indicate that case management and referral services had been provided to AR families and to report that they had provide some other direct services to the families themselves. (See Figure 1.15.)

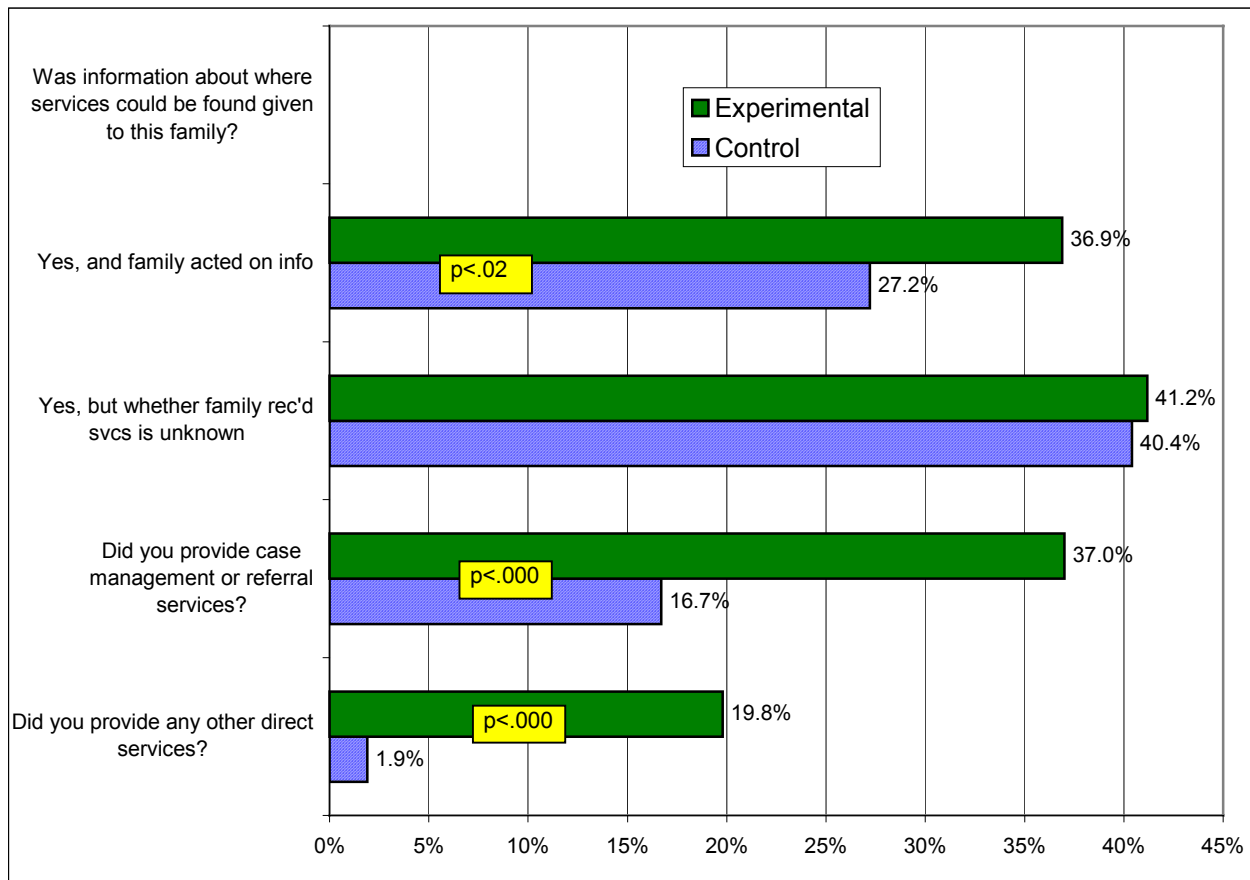


Figure 1.15. Reports of Workers about Services Provided to Experimental and Control Families

Overall, workers reported helping family members in AR cases obtain services or assistance from a broader set of community resources. This included schools, job and employment programs, community action agencies, emergency food shelters and recreational facilities. According to workers, AR families were more likely to receive childcare services, housing assistance, and transportation assistance, as well as help accessing various public assistance programs such as TANF, SSI, or food stamps.

AR families reported receiving greater help meeting certain practical needs than did TR families. This included getting help to pay utilities and obtain food, clothing, appliances, furniture and home repairs, along with other financial assistance.

Knitting Silk Purses

It has been suggested by other researchers that analyses of earlier attempts to introduce a differential response into child protection systems have shown that families do not receive more services under this approach than families who receive traditional interventions. In our presentation at the Differential Response National Forum Program held in Minneapolis in August, 2002, we made the point that there were two ways in which additional services could, in fact, be provided to families: 1) through the wider use of unfunded community resources (that include a variety of community organizations and support networks, faith-based sources, and extended families of the case families in question), and 2) through additional funds specifically earmarked to pay for services that families needed, including help addressing very basic and practical needs. The first source requires the development of a case worker orientation on the part of CPS workers and sufficient time and staff to engage in community development outreach. The second requires the infusion of new funds for services, which in the case of the AR demonstration has come from the McKnight Foundation and the state legislature.

From time to time, a child maltreatment case of particular gravity is made public with shocking effect. When the incident in question involves a family with a current or former child protection case, the CPS system may be accused of mishandling the case and demands are made for change. When the system is at fault, it should be held accountable. But the question also arises: What is the public prepared to do to ensure that what should be done when cases are open can be done? Has the child protection system been given the resources to ensure that the intervention can hope to succeed?

Classic assessments of child protection in the United States describe a system able to provide services only to the most severely abused and neglected children.⁷ Given the limited public resources made available, this “is certainly understandable,” Sheila Kamerman and Alfred Kahn write, “but it is not a sufficient societal response to the needs of children.” They continue: “If (less critically maltreated) children are not identified and helped, their problems will become acute. We must not intervene coercively with families where there is no statutory mandate to do so. Neither, however, should we overlook people truly in need of services.”⁸

The Alternative Response project is a programmatic response to the problem Kamerman and Kahn describe. It is an attempt to attend to cases at the less critical end of the maltreatment spectrum in a non-coercive way, providing services when needed where services have infrequently been provided before, in the hope the problems will not become more acute. But it is unlikely that the AR approach, or any other, will be able to,

⁷ See, for example, Lindsey, Duncan (1994), *The Welfare of Children*, New York: Oxford University Press; and Kamerman, S. B., and Kahn, A.J. (1990), Social services for children, youth and families in the United States. Special Issue of *Children and Youth Services Review* 12:1-184.

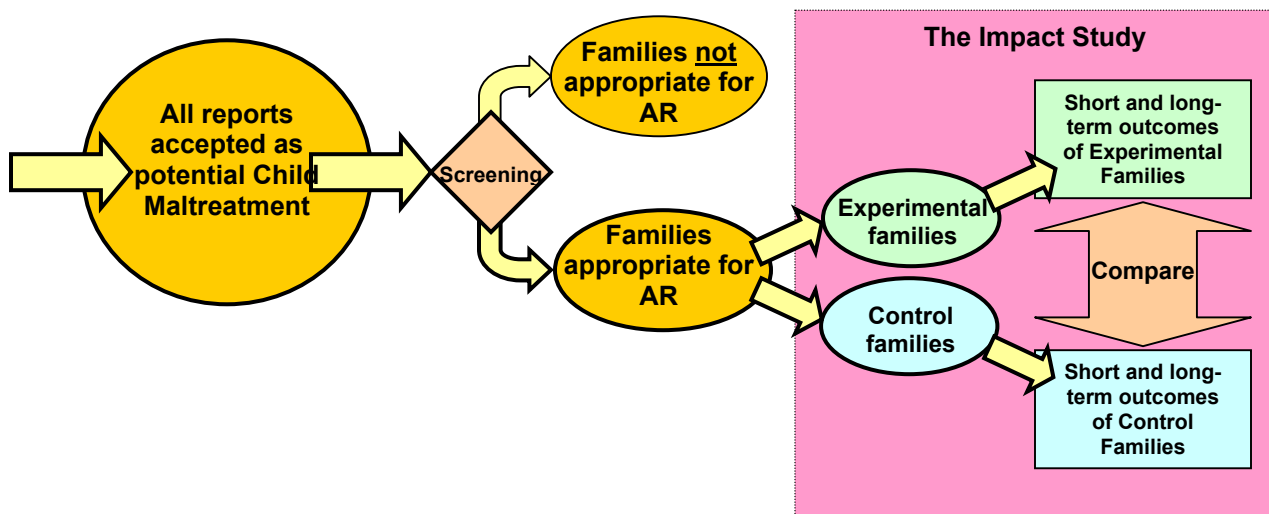
⁸ Kamerman, S. B., and Kahn, A.J. (1990), If CPS is Driving Child Welfare—Where Do We Go from Here? *Public Welfare*, Winter: 1990.

as the adage goes, “knit a silk purse from a sow’s ear.” Concern for child welfare will require ongoing attention to the level of investment in child welfare programs. The cost-effectiveness portion of the evaluation, which will get underway during the present calendar quarter, is designed to shed light on how public investment may be best utilized to produce desired effects.

Part 2

Impact Study

The goal of the impact evaluation is to determine whether differences in outcomes occurred in the lives of families that participate in the Alternative Response (AR) program and whether those differences can be attributed to the introduction of the new approach embodied in AR. An impact study requires some form of comparative method to evaluate the significance of observed changes—ideally a control group. The Minnesota AR evaluation is utilizing random assignment, generally considered to be the best method for building a control group. Under this method, families that are reported for child maltreatment and subsequently screened as appropriate for AR are randomly assigned to one of two conditions: experimental or control.



Because all the families in the study are appropriate for AR, the families assigned to the experimental condition are very similar to the families assigned to the control condition. The one difference between them is that the experimental families all receive an Alternative Response while the control families all receive a Traditional Response (TR). The AR families receive a family assessment and became eligible for special AR funding, while the TR families receive a traditional CPS investigation.

The heart of the impact study is a comparison of outcomes in those families after they were subjected to the traditional or alternative responses. The experimental assumption is that any differences in outcomes can be attributed to differences in the way the families were treated.

Limited Outcomes Analyzed in the Present Analysis. A variety of different outcomes are being tracked in the impact study, including the service response to families, case management activities, worker assessments of families, changes in child safety during the time that families are in contact with the agency, the likelihood that families will be reported again for new instances of child maltreatment, the likelihood that subsequent cases will be opened on families, family responses to the agency and workers, and changes in family and child well-being. Differences in subsequent child removals and placements in substitute care are also being tracked. The proportion of such placements remains low at this time and no experimental and control differences have been observed. Analysis of child placement will be considered in later reports.

The present interim report focuses on a subset of outcomes that can be analyzed at this point in the evaluation. However, the conclusions of the following analyses are provisional and may change as additional families and tracking data become available for analysis.

The Subsets of Families Considered in the Present Analysis. Certain analyses in the following sections consider all experimental and control families in closed cases. Others are based on samples of experimental and control families.

The cutoff of statewide tracking data for this analysis was November 30, 2002. The impact study is restricted to families assigned to the experimental or control groups whose “target cases” have been closed. Either the initial assessments (AR or TR) were closed with no further work with the family or a case-management workgroup had been opened after the assessment and had been closed.⁹ True experimental and control cases were limited to 14 of the 20 counties included in the AR evaluation. These are referred to as Impact Study (IS) counties. In IS counties, 1,992 families in the experimental group had received AR with cases closed as of 11/30/2002. In the same counties, 1,447 families in control groups had received TR with cases closed on or before the same date. Local offices had switched a small number of cases: 89 experimental families received TR and 24 control families received AR. Such families are excluded from the present analysis. In addition, 323 families had been assigned to an “other” group and of these, 43 had received AR and 280 had received TR. An additional, 1,545 families had received AR in the non-IS counties and 46 had received TR.

To permit time for tracking families after their initial “target cases” had closed, this analysis was limited to families whose cases had closed on or before May 31, 2002. This insured that periods of six months or more had elapsed after cases had been closed

⁹ Because the following counts concern only closed cases, they are smaller than those described in Part One where the focus was on counts of all cases entering the study.

for the families included in the analysis. There were 1,367 experimental and 961 control families that fit these criteria in IS counties.

Sample experimental and control families have been regularly selected to permit collection of more detailed data on services needed and delivered, child safety and worker evaluations of families. Sample data is sought and collected only after cases on families have been closed. Samples are drawn each month from experimental, control and other families. To date, the sample includes 298 experimental, 157 control and 63 other families.

In this section we will attempt to integrate and relate certain provisional conclusions about the types of families found appropriate for AR, the nature of the response to experimental and control families, changes in child safety during the initial contact with families, and the likelihood that, after their last contact with the agency, families will be reported again for child maltreatment and return to the CPS caseload.

Level of Risk

Findings concerning the level of risk:

Measuring the Risk of New Child Abuse and Neglect. Analysis of the Minnesota Structured Decision Making (SDM) Risk Assessment instrument was conducted for families screened as appropriate for AR. Risk assessments are conducted on initial visits to families. Risk assessments scores should be generally predictive of new reports of child maltreatment—families with higher risk score should be reported more frequently than families with lower risk scores. This was found to be true of the SDM items associated with child neglect. Child abuse items on SDM instrument were not predictive of new reports.

Child Safety and Risk. Child safety and risk are different concepts. Safety refers to immediate dangers from which children must be protected. Risk is a measure of the likelihood of future maltreatment based on the characteristics and past behaviors of family members and on the situations of families. To illustrate the difference, over a third of substantiated reports in the control group were low-risk and about four out of ten unsubstantiated cases were moderate to high-risk.

Variation in Risk among Study Counties. The counties in the evaluation varied substantially in their willingness to accept moderate- to high-risk cases for AR—from a low of 28.2 percent to a high of 65.2 percent. This difference was related to the proportion of total reports each county accepted to AR. The more cases accepted, the more likely a county was accepting moderate- to high-risk cases for AR. Olmsted County with the longest running AR program accepted the most moderate- to high-risk families under the AR approach.

Based on family and individual characteristics that have been found in studies to be positively associated with reports of child abuse and neglect, it is possible to construct a scale that scores families on the risk of future child maltreatment. Risk refers to the probability of future child abuse and neglect. To say that a family is high risk does not mean that future abuse or neglect will occur but that more instances of future child abuse and neglect will occur among all families rated as high-risk compared to families rated at low-risk. A good risk assessment instrument will predict in this way. On the other hand, risk instruments also generate high rates of “false positives,” that is, families rated as high-risk that are never subsequently accused of child maltreatment.

The SDM Risk Assessment Instrument. The instrument used to conduct risk assessments in Minnesota is one among a battery of instruments that makes up the Minnesota Structured Decision Making (SDM) System.¹⁰ The risk instrument consists of separate scales for child neglect and child abuse that are combined into an overall risk rating.

The neglect items include:

1. Whether the current report is for neglect.
2. Number of prior assigned reports.
3. Number of children in the home (higher number = higher risk).
4. Number adults in the home at the time of the report (fewer = higher risk).
5. Age of the primary caregiver (younger = higher risk).
6. Characteristics of primary caregiver (parenting skills, self-esteem, apathetic).
7. Primary caregiver involved in a harmful relationship.
8. Primary caregiver has a current substance abuse problem.
9. Household is experiencing severe financial difficulty.
10. Primary caregiver is motivated to improve parenting skills.
11. Cooperation of caregiver.

The abuse items include:

1. Whether the current report is for abuse.
2. Types of prior abuse reports (physical or sexual).
3. Prior CPS service history.
4. Number of children in the home.
5. Whether the caregivers were abused as children.
6. Secondary caregiver has a current substance abuse problem.

¹⁰ This system was produced and adapted for Minnesota by the Children’s Research Center in Madison, Wisconsin. The Center has set up similar systems in several other states.

7. Any caregiver employs excessive and/or inappropriate discipline.
8. Caregiver has a history of domestic violence.
9. Caregiver is a domineering parent.
10. Child in the home has a development disability or history of delinquency.
11. Secondary caregiver motivated to improve parenting skills.
12. Primary caregiver views incident less seriously than agency.

Neglect scores range from 0 to 20; abuse scores from 0 to 16. The overall risk level is determined by the highest score on either of these scales and is rated as low, moderate, high or intensive. This level can be overridden by a supervisor because of the presence of other serious safety threats to the child.

Predictive Power of the Risk Assessment Tool. Because the overall risk rating is general in nature it should predict any future reports of child abuse and neglect. Looking only at experimental and control subjects in the IS counties, risk assessment scores were available for 2,104 AR families or 90.4 percent. All these families had been screened as appropriate for AR, which because of the nature of the reports, are likely to be lower-risk families on average than those screened as inappropriate. Thus, 55.0 percent were rated as low-risk and 37.6 percent were rated as moderate-risk, leaving only 7.4 percent in the high-risk category, which included a handful of intensive risk cases. The rate of new accepted maltreatment reports per 1,000 days after case closure was highest for high-risk families (.71); moderate-risk families fell in between (.65); and, low-risk families had the lowest rates (.40). These differences were not statistically significant (in part, because of the small number of high-risk cases) but manifested a statistical trend ($p = .098$). This would indicate that the overall risk score was marginally successful in predicting new reports of child maltreatment among families rated as appropriate for AR.

A better predictor for AR-appropriate families is the risk of neglect score. This is shown in Figure 2.1. The items that seemed to be the best predictors were: 1) prior assigned reports, 2) caregivers that lacked parenting skills, had low self-esteem or were apathetic, 3) household financial difficulties and 4) that the present report was for neglect rather than abuse. These items were each significantly related to increased new reports. On the other hand, none of the abuse scale items nor the total abuse score were related to the rate of new reports. The presenting

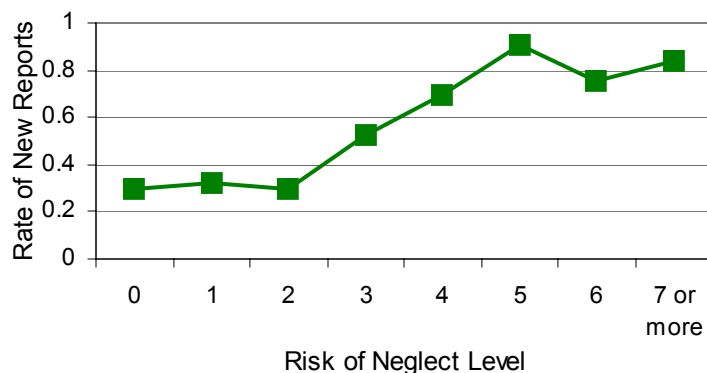


Figure 2.1 Rate of New Reports by Risk of Neglect

problem of significant part of the experimental and control subjects was physical abuse. The SDM neglect scale is the best predictor of new accepted reports of child maltreatment for AR families. The SDM abuse scale is not predictive and, because of this, the overall risk rating is less strongly predictive than neglect alone.

Level of Risk and Substantiation of Child Maltreatment. All the control cases in the present analysis received a traditional response, that is, they were investigated to determine whether child maltreatment occurred. At the conclusion of investigations a determination is made whether maltreatment occurred (substantiated or found) or did not occur (unsubstantiated or not found). Of the control group cases with a completed risk assessment, maltreatment was found in 35.7 percent of cases. We would expect to find higher proportions of high-risk and moderate-risk scores among these families, and indeed this was the case: 48.2 percent were moderate and 14.8 percent were high. Among the families in which maltreatment was not found, 35.3 percent were moderate and 4.4 percent were high. This was statistically significant ($p < .001$). On the other hand, this finding points to the gap between child safety and risk. Among families in which maltreatment was substantiated, 37 percent were nonetheless low-risk. Risk is a probability measure and not a strict predictor of future or present child maltreatment. A good example might be the following: Lack of food in the household is a child safety problem; unemployment and low income are risk factors that in some cases lead to lack of food in the household (and other child neglect safety problems). Lack of food and similar child neglect problems are more often found in low-income than in high-income families, and this is the reason for saying low-income families are at greater risk of neglect. False positives in this example are the majority of low-income families that nonetheless feed their children and do not neglect them in other ways.

Level of Risk of AR Cases in the Study Counties. Counties vary significantly in the level of risk among families screened as appropriate for AR (Figure 2.2). The number of moderate- to high-risk cases ranged from a low of 28.2 percent to a high of 65.2 percent. While some variation in risk level associated with all accepted reports might be expected among the 20 counties, it is more likely that the variation shown in the figure is related to the strictness with which counties apply AR screening criteria. The screening scale permits administrative overrides of screening results for a variety of reasons. As a consequence, reports that might be accepted for AR in one county may be rejected in another. Counties that have tended to screen higher percentages of reports as AR-appropriate tend to have greater proportions of moderate- to high-risk cases within their AR-appropriate populations. This can be seen by comparing the Figure 2.2 to Figure 1.2, and is probably the primary explanation of differences in overall risk level among counties.

The level of risk of cases accepted into the program may also be related to the level of experience with the new approach. Within the IS counties, 45.0 percent of cases were moderate- to high-risk and compared to 55.8 percent in the non-IS counties (marked with an asterisk (*)) in Figure 2.2). One of the largest among the six non-IS counties is Olmstead. Olmstead had a developed AR program before the present project began. As is evident in Figure 1.2 and 2.2, Olmstead has the highest rates of acceptance into AR as

well as the highest rates of moderate- and high-risk families within its AR-appropriate population.

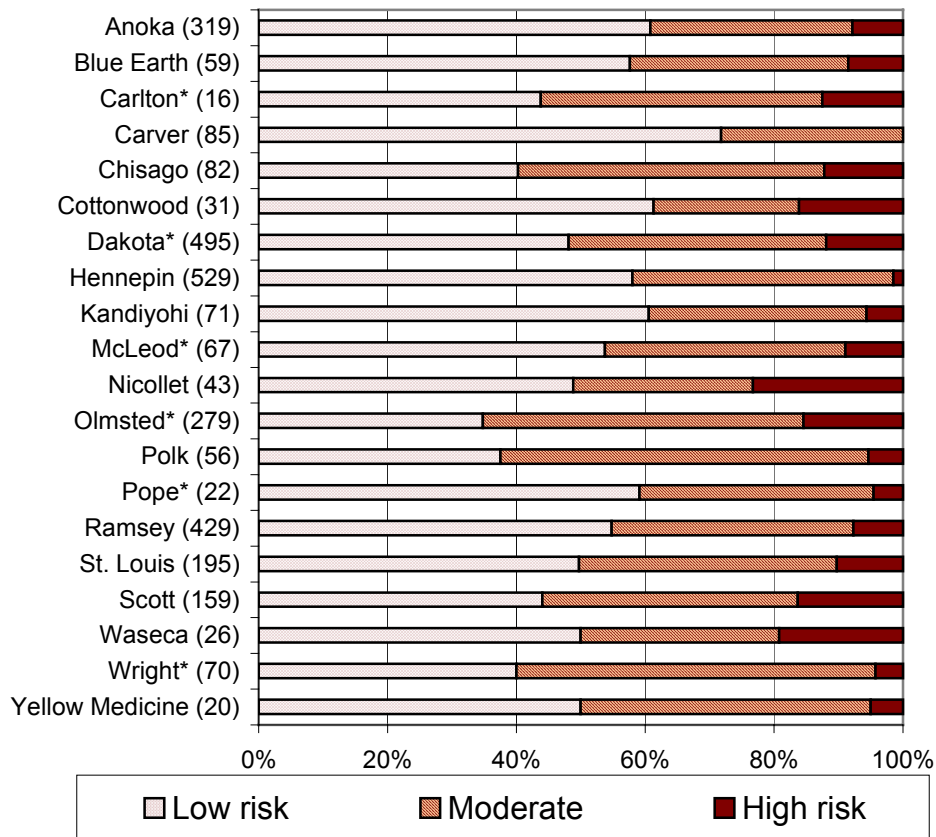


Figure 2.2. Risk Level of AR-Appropriate Families by County

Changes in Child Safety

Findings concerning child safety:

Child Safety Measures. The Structured Decision Making (SDM) battery of instruments also contains a child safety assessment tool. The proportion of AR-appropriate families with a safety problem explicitly noted was significantly higher in the six counties not included in the impact study than in the fourteen counties included in the impact study, again because of the greater proportion of such reports accepted in Olmsted County.

Safety Problems Found. Excessive discipline was the most frequent type of child abuse and lack of supervision was the most frequent type of child neglect among AR-appropriate families. In a majority of families (54 percent) in the current sample no child safety problems were identified. No further work would

have been done with many of the families in this category under traditional CPS because child maltreatment allegations would not have been substantiated.

Changes in Child Safety. The primary question concerning changes in child safety was whether children in experimental families (who received the AR approach) were less safe than children in control families who received a traditional CPS investigation. While analyses generally showed greater safety improvement among families who received AR, differences were not statistically significant. The best that can be said at this point in the evaluation is that AR does not make children any less safe while they are in contact with agency than the traditional response.

The analysis of changes in child safety is based primarily on detailed information collected from workers on samples of the experimental and control families described above. This is supplemented with MIS data on child safety available on all families.

SDM Safety Assessment Tool. One of the Structured Decision Making (SDM) tools available for Minnesota CPS workers is the safety assessment form. Unlike the risk assessment tool the safety assessment is not a summated scale and does not yield a numeric safety score or rating. It involves a checklist and a structured path from identification of safety problems through a safety response to final decision-making concerning safety. However, the form contains a list of eleven specific safety problems and one open-ended category that workers are instructed to check:

1. Caregiver's current behavior is violent or out of control.
2. Caregiver describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Caregiver caused serious physical harm to the child or has made a plausible threat to cause serious physical harm.
4. The family refuses access to the child, there is reason to believe that the family is about to flee, and/or the child's whereabouts cannot be ascertained.
5. Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm.
6. Caregiver is unwilling, or is unable, to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
7. Caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s), suggests that child safety may be an immediate concern.
8. Child is fearful of caregiver(s), other family members, or other people living in or having access to the home.
9. The child's physical living conditions are hazardous and immediately threatening.

10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
11. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
12. Other (open-ended, to be completed by worker).

Because the safety form is to be completed at or after the first visit with the family, these items can be used to generate a general index of the initial view that workers have of families. The index was scored as one if a worker checked any of the 12 safety categories and zero if none were checked.

Using the safety index some interesting patterns emerge. Similar to the findings for risk assessment, the proportion of families among the AR-appropriate population with a recorded safety problem was significantly higher in the non-IS-counties, and in particular, in Olmsted County. In the impact study (IS) counties 13.8 percent of families had a safety problem checked for the initial report on the family compared to 17.8 percent in non-impact study (non-IS) counties. Olmsted, the local office with the greatest AR experience in Minnesota, screens more families with such safety problems for AR.

Child Safety Assessment Results for Sample Families. As a part of the study of sample families, a case-specific instrument was created. This instrument is completed by the worker(s) most familiar with each family. It includes a safety assessment that permits workers to indicate the types and levels of safety problems at the beginning and at the last contact with the family. The case-specific child safety categories utilized in this tool are based on categories developed by IAR in a previous evaluation of a differential response program¹¹ and are broader than the SDM safety assessment categories. They are based on actual safety items mentioned by CPS workers in investigation and family assessment narratives. The following chart (Figure 2.3) shows the proportions of each of the categorical safety problems reported among all sampled families. The chart illustrates the safety categories utilized and the proportion of families in which workers identified the issues at the time of the initial contact with the family.

The categories cover most of the common issues that have traditionally led to substantiation. Educational neglect is included even though, strictly speaking, it would not normally be regarded as a child safety issue. The categories are not exclusive in that a particular family may be counted in more than one category if several different kinds of safety problems were discovered.

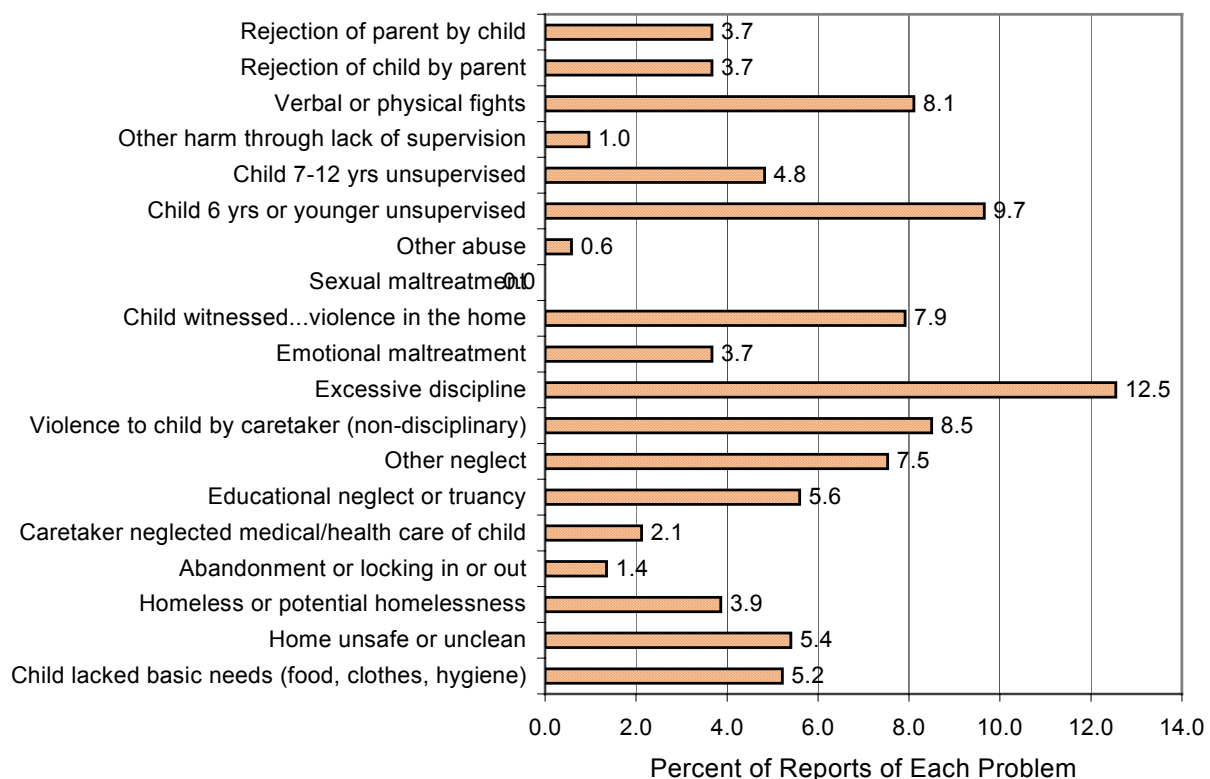
No problems of sexual abuse were found and this is reflected in the figure.¹² The largest categories correspond to the types of problems that one would expect for the less severe or criminal types of child maltreatment. Excessive discipline was the most

¹¹ See: "Missouri Family Assessment and Response Demonstration Evaluation Report" at www.iarstl.org.

¹² In fact, sexual abuse was discovered after the first home visit in a small number of cases. In those cases, the track was changed to a traditional investigation. Cases in which track changes occurred were not included in the sample.

frequent type of physical abuse and lack of supervision was the most frequent type of child neglect.

Of all sampled families, 54 percent had no safety problem indicated.¹³ The reader may recall that the families being studied in this evaluation include all families screened and determined to be appropriate for an AR approach at the time of intake, that is immediately after an initial report of child maltreatment was received and accepted. Traditionally only one-quarter to one-third of investigated reports resulted in substantiation. The large majority of reports are unsubstantiated. Many of the families in this study in which no safety problems were identified would have corresponded to unsubstantiated cases in the traditional CPS system.



**Figure 2.3. Proportions of Child Safety Problems
Among Sampled AR-Appropriate Families**

No further work would have been done with many of the families in this category under traditional CPS. The CPS worker would have left the family because no evidence of maltreatment or endangerment was found. This does not mean that risk factors were not present in such families nor that needs for services did not exist. This issue is taken up in the section below on services.

¹³ This proportion may decrease during the coming year as more and more longer term cases close and are added to the sample of families for the case-specific survey.

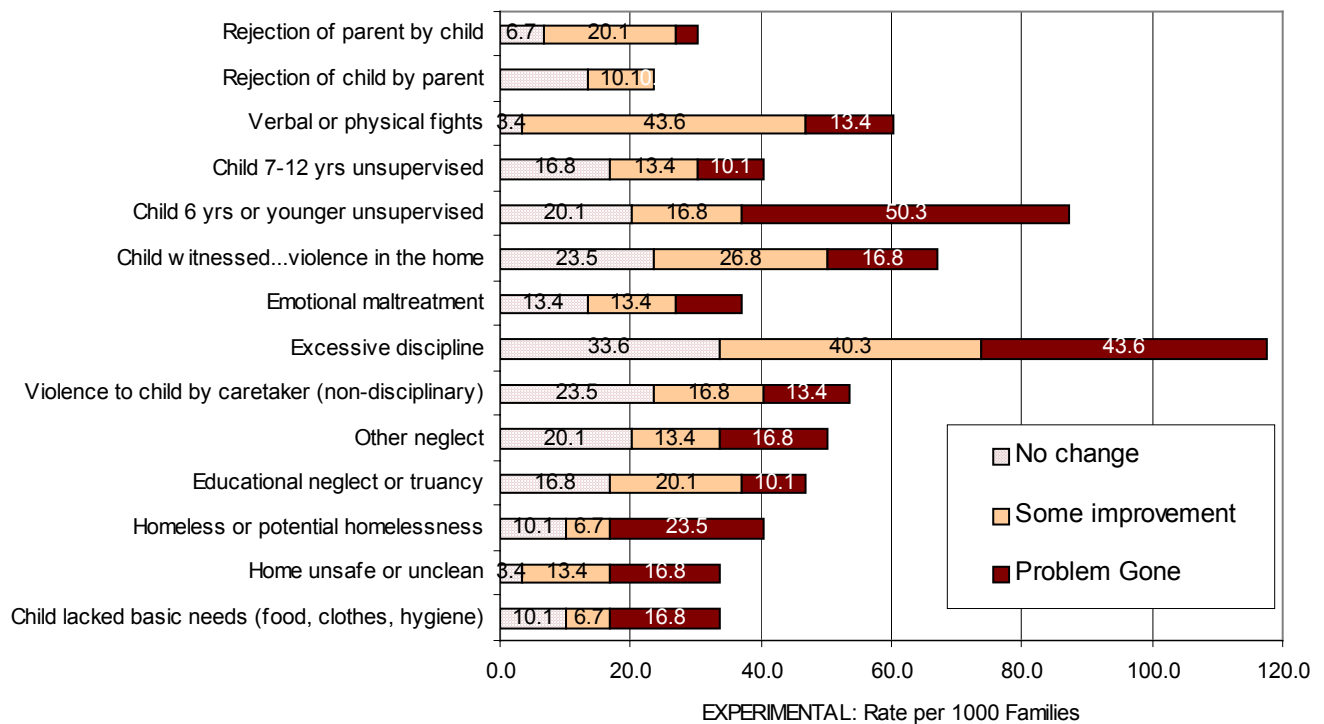
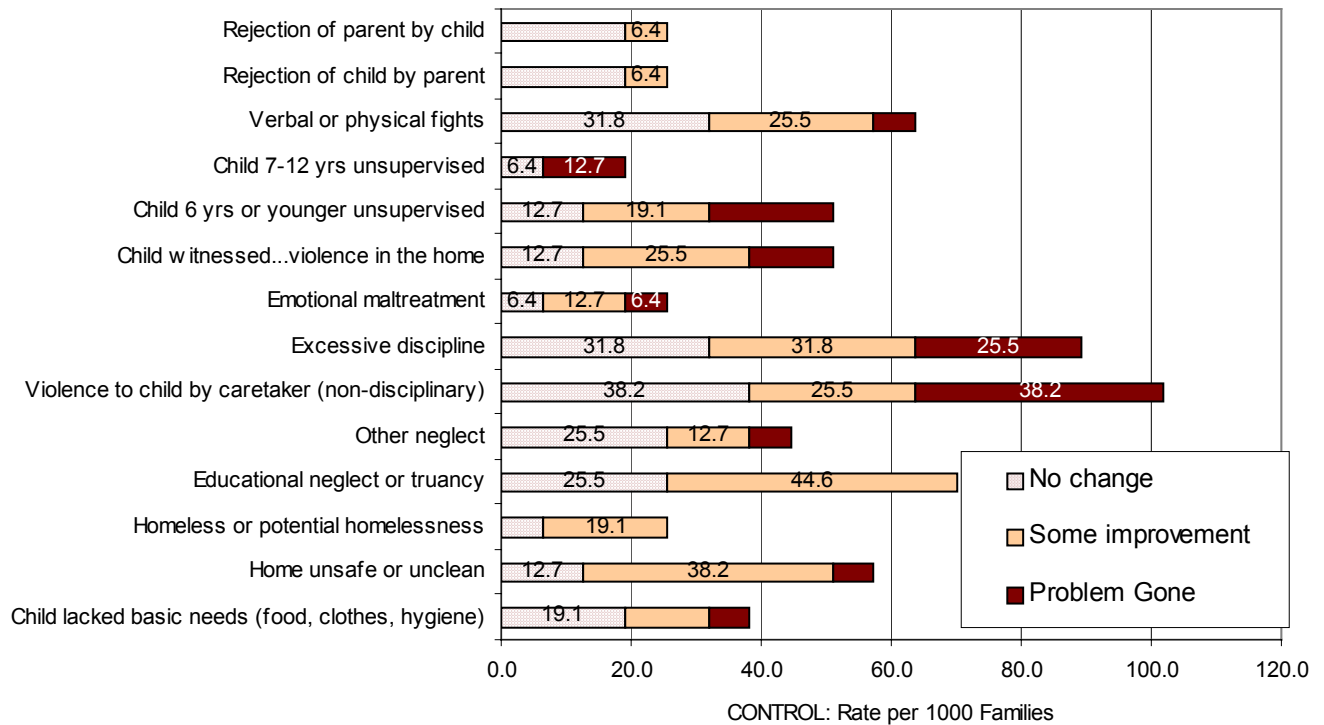
Child Safety Changes. Families that were provided with an alternative response had longer contact with the agency and were more likely to have a case-management workgroup opened. Families in the control group that received a traditional investigation were less likely to have continued contact with the agency than similar families that received AR. For this reason, safety problems were identified at the time of first contact and the family remained in contact with the agency in only a subset of sample families. Analysis of changes in child safety was limited to these families.

Workers were asked to rate families on each safety problem identified at the beginning and at the final contact with the family. At first contact ratings were mild, moderate and severe while at last contact they were none, mild, moderate and severe. These were used to generate measures of change in which the problem worsened, remained the same, showed some improvement or disappeared.

The results of these calculations are shown in Figure 2.4. The two charts show safety change during the case for experimental and control families. By comparing the corresponding bars in the charts, it is possible to see how experimental families fared in the opinion of workers compared to control families.

The primary question is: did the experimental families fare worse, that is, were children less safe when the family received an alternative rather than a traditional response? The answer, based on worker reports, is negative. It appears that greater safety improvement was reported among experimental families in several categories, particularly in the area of lack of supervision of children of various ages and in problems surrounding homelessness. However, the numbers of families represented in each set of bars are quite small and the differences are not statistically significant. These charts compare only families that continued in contact with the agency, in which the worker was able to report on safety changes. This occurred more often, as noted, in the experimental condition and for a wider variety of experimental (that is, AR) families. After family sample sizes have increased to their maximum value, severity of the initial safety problems will be considered.

Finally, the overall safety change is shown for experimental, control and other families in the study sample (Figure 2.5). Looking at the experimental and control comparison, the bars in this chart are essentially summaries of all the bars shown in Figure 2.4. In addition, the other category includes families from the six non-IS counties that received AR but for which no special funding for services was available. The pattern of safety improvement resembles that for experimental families. While the chart appears to show differences in safety outcome, the differences were not statistically significant. The best that can be said at this time, based on this methodology, is that AR does not make children any less safe than the traditional approach during the period the agency is in contact with families.



**Figure 2.4. Changes in Safety from First to Last Contact with Family
Rate per 1,000 Families**

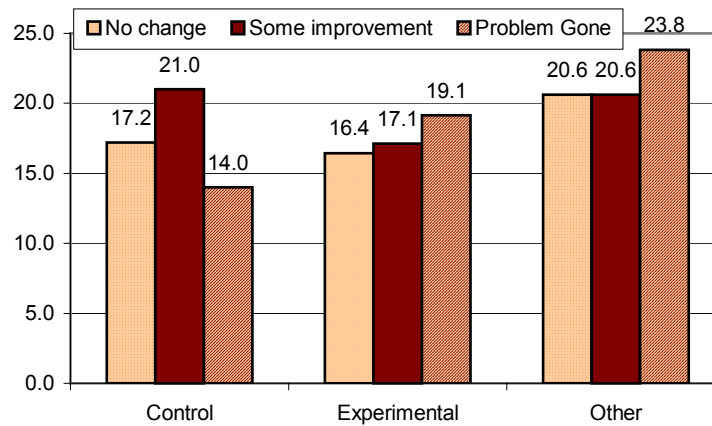


Figure 2.5. Overall Safety Change for Experimental, Control and Other Families

Case Openings, Services to Families and Worker Activities

Findings concerning case opening, worker activities and services:

Service Orientation. The introduction of AR has brought significant shifts in the service orientation of local offices, including a significant increase in services to families, particularly for low-risk families and families in which no child safety problems are found:

Increased Case Management under AR. Case-management workgroups are created when ongoing monitoring and services are thought to be necessary to protect children and to address family and individual needs that have been uncovered. Three times as many case-management workgroups were opened in experimental as in control cases, and nearly all case-management workgroups in control cases were opened only when the investigation had discovered child maltreatment. In addition, experimental and control families on average had virtually identical risk levels; yet, case-management workgroups were opened for the full spectrum of (neglect) risk levels among experimental families while only for the higher-risk families in the control group.

Greater Case Management in Non-Impact Study Counties. Among families that received AR, greater proportions had case management initiated in the six counties not participating in the impact study, because as a whole they tended to be higher risk and include more threats to child safety. Case-management workgroups are opened more frequently on such families.

Preventive Services Emphasized. More services of various types were delivered to experimental families who had received the AR approach. Increased levels of services addressing basic family needs (basic household

needs, housing, rent assistance, transportation, training and employment) among a broader range of families. This suggests an increase in preventive services that address both short-term and long-term child protection needs, as well as general child and family welfare.

Case-management workgroups. One of the striking changes now evident as a result of the introduction of the AR approach is that a much higher proportion of case-management workgroups are being opened after family assessments have been conducted in AR cases. These findings based on MIS data from closed cases reconfirm results discussed in Part One on the full study population.¹⁴

The evaluators receive updated data files on a monthly basis from the 20 offices involved in the AR evaluation. Each month new families have been screened as appropriate for AR and are added to the evaluators' research database. We call this agency encounter that brought the family into the evaluation the target case, as explained in the introduction to this part of the report. Each target case includes an intake and either a traditional or an alternative assessment, and in some cases, a case-management workgroup. Case-management workgroups are created when ongoing monitoring and services are thought to be necessary to protect children and to address family and individual needs that have been uncovered.

Because, the evaluation involves random assignment of new families to the experimental and control groups these groups may be regarded as highly similar. Indeed, comparative analyses on a variety of variables confirm this similarity. The primary difference between the groups, therefore, lies in the "experimental treatment." Both groups have been screened as appropriate for AR, but the control group, nonetheless, receives a traditional investigation while the experimental group receives an alternative response.

Figure 2.6 illustrates the differences between the experimental and control condition in case-management workgroups. This figure is based on population-wide rather than sample data. As can be seen, families in the experimental condition are three times more likely (18.7 percent versus 6.2 percent) to have case-management workgroups opened than families in the control condition. The difference is both statistically significant ($p < .001$) as well as substantial.

As indicated above, approximately 65 percent of the target cases in the control group ended as unsubstantiated. The target case in these instances consisted of a traditional CPS investigation only. Occasionally, case-management workgroups are opened for unsubstantiated investigations. In only 2.3 percent of control group

¹⁴ The differences in percentages of opened case management workgroups in the Impact compared to the Process parts of this report arise from the difference in the parts of the study population being analyzed. The impact analysis is concerned with closed cases only. Closed cases contain a larger proportion of families that were seen only one time by a worker, that is short-term target cases. This has the effect of reducing the overall proportions of case-management workgroups in this part of the study. The relative differences between experimental and control families, however, is probably correct, and because AR cases as a group stay open for longer periods, the present impact analysis probably underestimates the magnitude of the differences between the experimental and control groups.

investigations that ended with a finding of no maltreatment was a case-management workgroup found and part of these were existing case-management workgroups that had been open before the target case intake and investigation.¹⁵

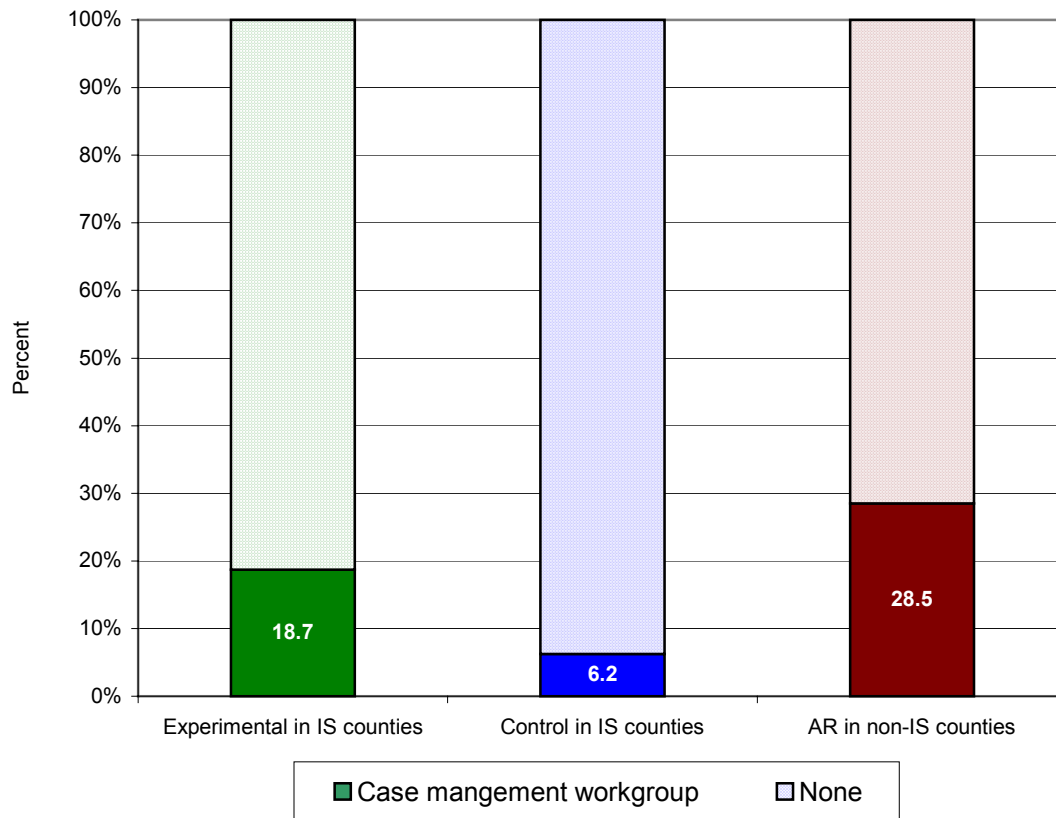


Figure 2.6. Case-management workgroups in Target Cases for Experimental, Control and Other Families

It can also be seen that AR cases in the six non-IS counties have case-management workgroups opened more often. The higher percentages reflect the higher levels of risk and threats to child safety found among families accepted for AR in these counties, as already discussed. The following analysis supports this conclusion.

Analyses show that risk of neglect on the SDM risk assessment scale is positively correlated with opening a case-management workgroup, ranging from 6.1 percent for families with a risk score of zero to 40.2 percent for families with risk scores of seven or more. This is evident in the next chart (Figure 2.7).

Two things can be seen in Figure 2.7. First, whether the approach is AR (the experimental bars) or TR (the control bars), the higher the risk score, the more likely a

¹⁵ The percentages of case-management workgroups in Figure 2.6, include a small proportion of existing cases at the time of the new report in the target case. These ranged from approximately .5 percent of all families in the experimental and control group to over 2 percent in the non-IS counties.

case-management workgroup will be opened. However, a second difference is evident in the figure. Case-management workgroups were seldom opened for any but the riskiest control families, while case management openings among AR cases extended across all risk levels. These differences are statistically significant ($p < .001$).

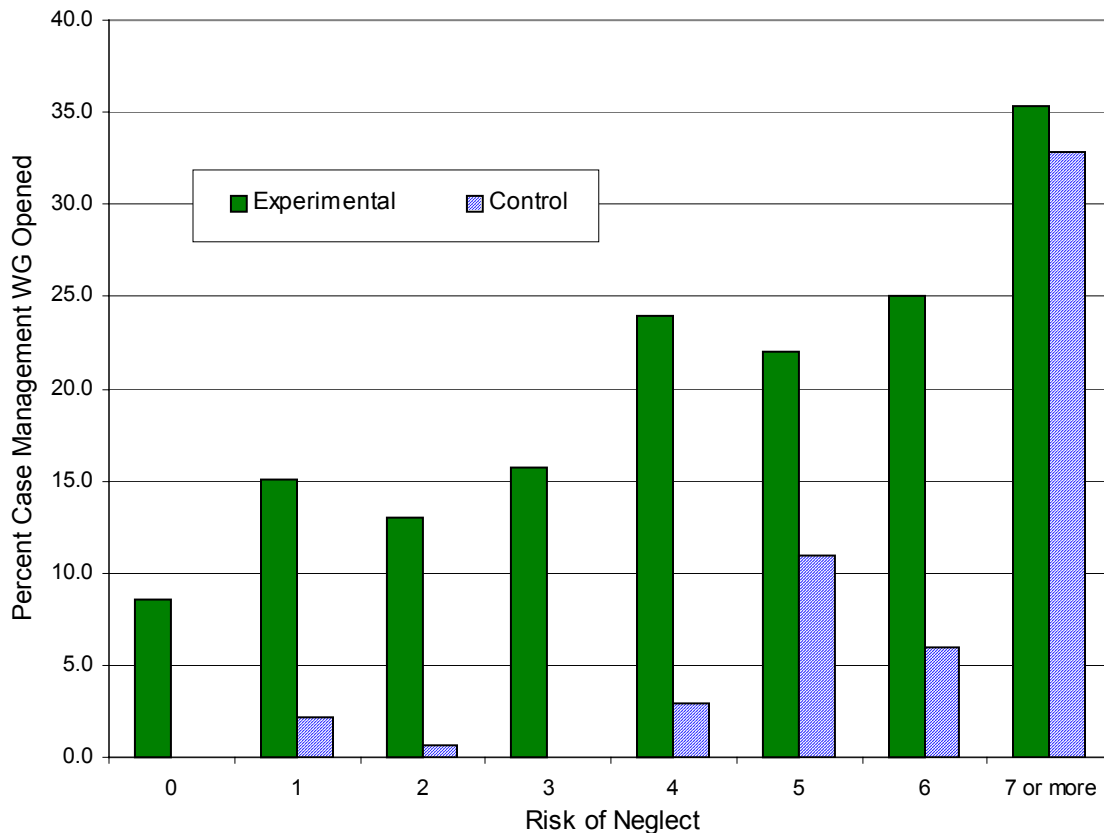


Figure 2.7. Opened Case-management workgroups for Experimental and Control Families with Varying Child Neglect Risk Scores

The average level of risk was virtually the same for experimental families as a whole (2.9) compared to all control families (3.0). The difference in Figure 2.7 suggests that case management is being applied among families that probably would have been disregarded in the past. This in turn implies that services are being offered more often to families with lower-risk levels. This is discussed next with reference to child safety.

Services to Families. For this analysis, we again switch to sample data. Each respondent was asked to list the types of services provided to the family. In the large majority of cases, services were provided to families or information and referrals to services were provided. In a small minority of cases, services were already in place at the start of the case. Because risk is positively associated with safety, the findings on services to sample cases also supports the conclusion that the AR approach is resulting in more services to low-risk cases. This can be seen in the charts in Figure 2.8.

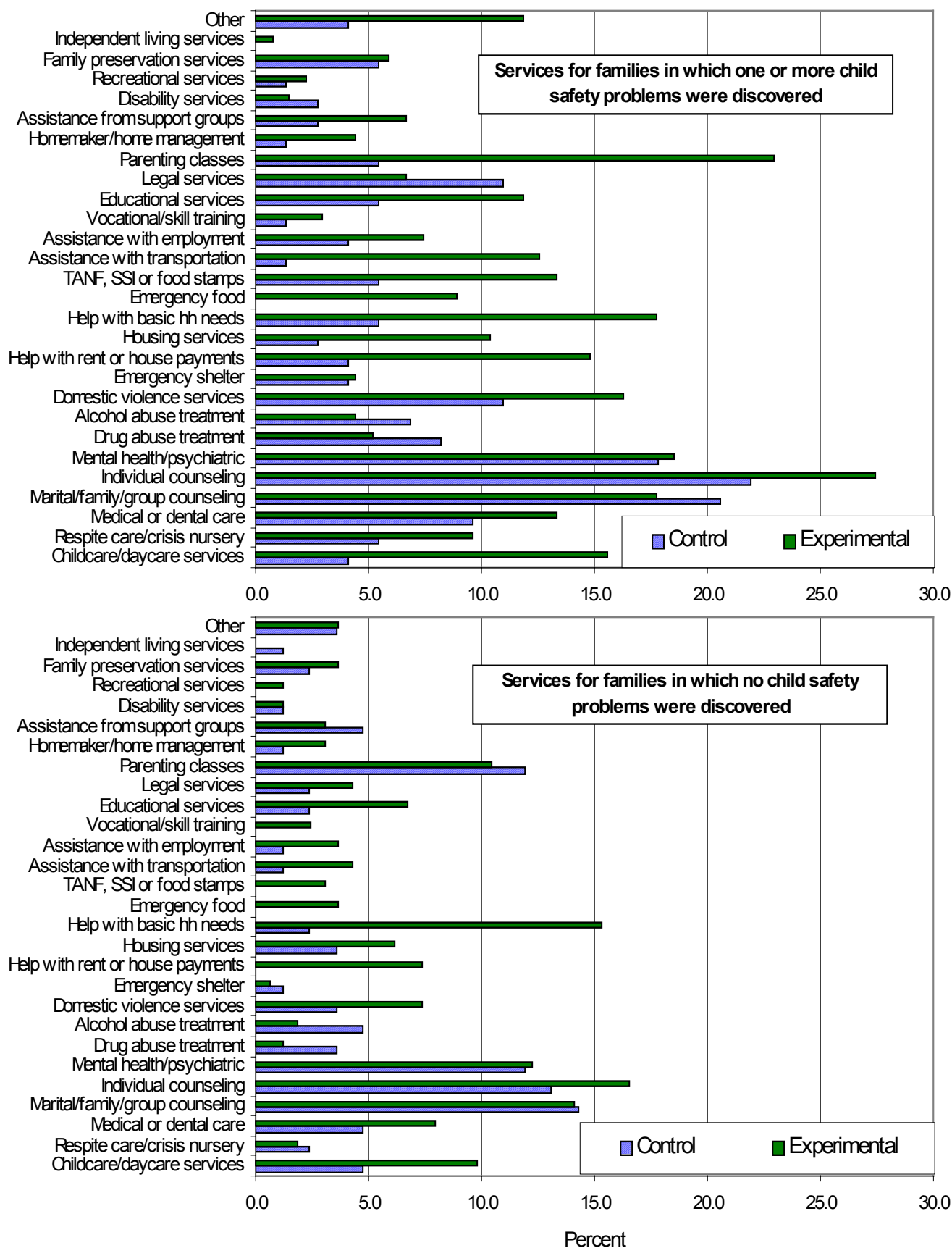


Figure 2.8. Services to Experimental and Control Families with and without Child Safety Problems

The chart in the top portion of Figure 2.8 is for families in which a child safety problem was found. Compared to families with no child safety problems in the bottom chart, greater services were delivered to families in general, regardless of experimental or control group membership. However, in both charts more services were delivered to experimental families. Differences appeared across the spectrum of service categories but of particular note are increased levels of services addressing basic family needs (basic household needs, housing, rent assistance, transportation, training and employment) among families in which no child safety problem was found. Like the findings for case management and risk levels discussed above, this difference indicates a shift in local offices toward preventive services that address general child and family welfare as well as child protection needs.

Returning to the System: New Maltreatment Reports and New Case Openings

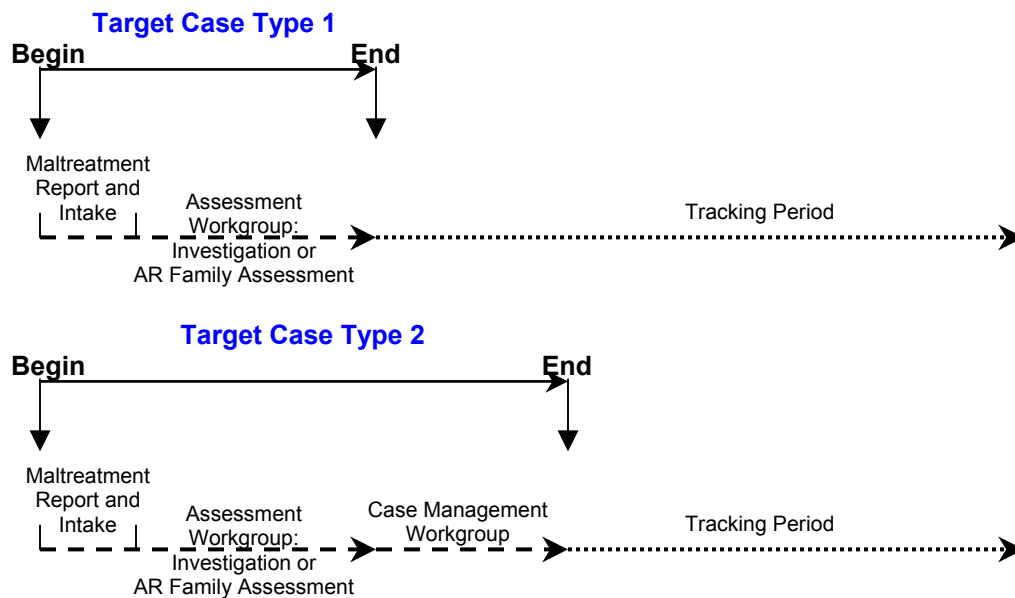
Findings concerning new maltreatment reports and new case openings:

New Reports of Child Maltreatment. No statistically significant differences were found in the level of new child maltreatment reports (after initial cases had closed) for experimental compared to control families. This mirrored earlier findings in the evaluation. No differences were apparent when taking into account case management openings and risk of neglect levels during the initial case.

New Case-Management Workgroups. Opening new case-management workgroups indicates that a new report on the family was received, and that after meeting with and assessing the family, workers decided that the safety of the child and/or the needs of the family warranted further monitoring and services. The rate of new case openings was significantly lower for low-risk AR cases compared to control cases. For every 100 low-risk cases provided a traditional response, current results indicate that about 21 could be expected to return to the system and have case management cases opened over about three years. On the other hand, about 12 of every 100 low-risk AR cases would be expected to return in the same way. This is consistent with the more intensive service response observed for low-risk families under AR.

Types of Target Cases. Target cases are illustrated in the following diagram. The Type 1 target cases end after assessment workgroups are closed. The Type 2 target cases involve a further opening of a case-management workgroup and only end after these are closed. After the ends of target cases the evaluators track families in the state MIS system (SSIS). If new maltreatment reports or new case openings occur during this tracking period they are recorded in the research database. (Other events from the state

MIS, such as removal and placement of children, are also captured and recorded in the research database.)



Tracking periods vary for each family. Target cases can last from a few days to many months. In addition, target cases have begun at various times from the beginning of the evaluation in February 2001 through the end of experimental and control group selection in December 2002. All families will continue to be tracked through early 2004. This is one of the reasons that findings of this report are provisional in nature and may change as new data are received and analyzed.

The state MIS is county-specific—an amalgam of separate county databases with the same structure but with county specific identification codes for each case and individual. Researchers receive essentially separate databases from AR-project counties each month and on all Minnesota counties semi-annually. These are combined into a single research database with research identifiers associated with each family, permitting tracking of families throughout the state. New reports on a family anywhere in the state can be identified no matter where the family’s initial target case began.

Because the tracking period is different for each family, the opportunity for new child abuse and neglect to occur and be counted in the research database also varies. A family that has been tracked for six months has less opportunity than a family tracked for 18 months. One way to equalize the opportunity is to create a ratio measure that counts new reports and new cases over a standard set of days. The ratio measure used in this analysis is new reports and new cases per 1,000 days.

Effects of Past Reports and Risk of Neglect. Families may have had previous contacts with the agency, including previous child maltreatment reports and investigations (or family assessments) as well as earlier case openings. Looking back

from the tracking period, therefore, each family in the experimental and control groups in the study had been reported at least one time—in the target case. Some families, however, had previous reports and case openings before the target case began. Looking back from the target period for these families, we may see multiple earlier reports and case openings.

The number of previous maltreatment reports and risk of neglect generally are strong predictors of new reports and new case openings. These are shown in Figure 2.9. The top chart shows two lines representing the rate of new reports and new case-

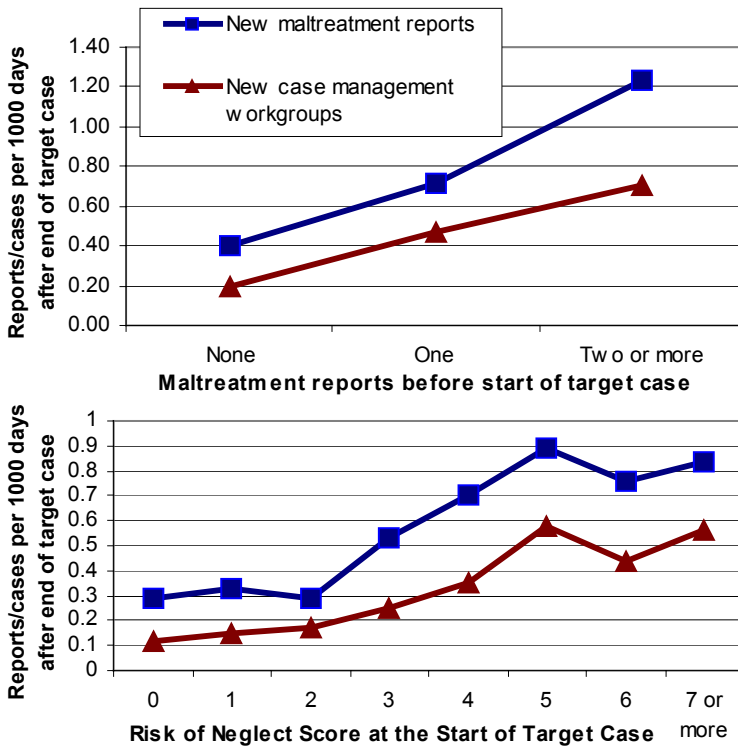


Figure 2.9. New Reports and New Cases by Past Maltreatment Reports and Risk Level

management workgroup openings. Reading from the left side of the chart to the right, the greater the number of past reports, the higher the rate of new reports and new cases after the target case had ended. “Past accepted reports” is one of the 11 neglect items in the SDM Risk Assessment. Scores of families on all eleven items yield risk of neglect scores. These are shown in the bottom chart in Figure 2.9.¹⁶ The level of risk of neglect (at the start of the target case) is positively associated with the rate of new reports and new cases after the target case ended. The higher the risk score, the higher the rates. The relationships represented by the four lines in the figure are each statistically significant ($p < .0001$).

Risk and Case Management Opening. The next question is whether risk predicts case-management workgroup openings during target cases. Looking at the diagrams of target cases above, the question is whether risk scores are higher for Type 2 cases than for Type 1 cases. This was described in the discussion of Figure 2.7. It was very highly associated under the traditional system, where case-management workgroups were usually opened only for the highest-risk cases. It is less highly associated under the AR approach where such workgroups are opened on a wider variety of risk levels. Nonetheless, the relationship still holds. This is best illustrated by showing all families in the study, including all experimental, control and other cases throughout the 20 study counties, as is shown in Figure 2.10. The large majority of this population received an AR approach, and it is evident that many of the low-risk families (generally between 10

¹⁶ Note that the top line in the bottom chart in Figure 2.9 is identical to that in Figure 2.1.

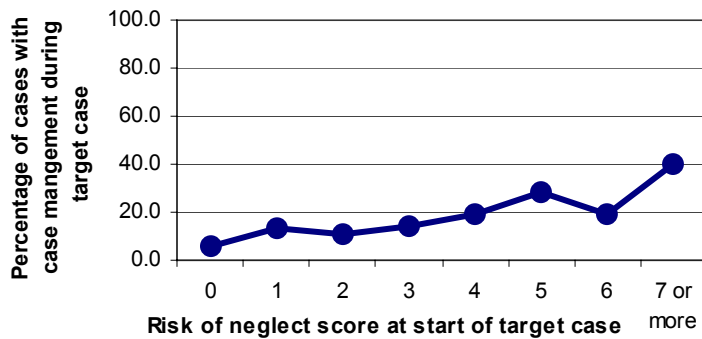


Figure 2.10. Risk of Neglect by Percent of Cases Management Workgroups during Target Case

and 20 percent) had case management opened. Yet the trend line in the graph still slopes upward. Families with more serious problems tend to have case-management workgroups opened more often ($p < .0001$).

This shows that opening cases (and providing additional services, as shown in the previous section) has a dual

significance, especially when the outcome variable of interest is recidivism. Cases are opened and additional services are provided more often for families with greater needs, even under the AR system where lower-risk families are also being served more frequently. Yet, such families are also the most likely to return to the system.

The assumption underlying the service system that has evolved in CPS is that application of various services—counseling, therapy, parenting instruction, support for the family, and the like—may strengthen families and enhance child safety. If this assumption is correct and if the current system fails to adequately serve the families with which it comes into contact, then providing to a wider variety of families should have detectable consequences. Outcomes should be improved, including decreased returns to the CPS system. Yet, riskier cases continue to be served more often and these same cases are those that return to the system more often. Analyses of these outcomes, therefore, must take into account the level of risk associated with the family.

The following analyses attempt to get at this issue.¹⁷ Case-management workgroup opening is taken as an index of service levels. In reality, of course, the level and types of assistance provided to families varies in case-management workgroups. At this stage of the AR evaluation, this is the best analysis that can be done. Fuller service information is being collected on sample cases. When the size of the experimental and control samples available for analysis has increased, a more detailed consideration of the effects of different types of services will be possible.

New Maltreatment Reports and New Case Openings. As noted in the introduction to this part of the report, this analysis considers only cases that were closed on or before the end of May 2002. All cases were tracked through the end of November 2002. Thus, the maximum period of tracking possible for any case is 22 months, but tracking was less than one year for the majority of cases. As more cases are added in later analyses and there is more time for following families, results may change.

¹⁷ These relatively simple analyses are not last word in the study. More sophisticated analyses utilizing other variables will be conducted for the entire population of families (as in the present case) as well as for sample families at the conclusion of the evaluation.

No statistically significant differences were found in the level of new child maltreatment reports for experimental as compared to control groups. This mirrors earlier findings in the evaluation. No difference was apparent when taking into account case management openings and risk of neglect levels.

Whether new case-management workgroups are opened on cases may be a better measure of the seriousness of the reported maltreatment or of the family situation during the period after the initial target case has ended. These responses indicate that new reports on the family were received, and that after meeting with and assessing the family, workers decided that the safety of the child and/or the needs of the family warranted further monitoring and services.

If AR leads to reduction in case openings, logically it should be most apparent among low-risk cases. All cases in the experimental group received a family friendly home visit rather than a traditional investigation, but it is among the low-risk families that we find the largest change in service response, as was illustrated in Figure 2.7.

Currently the rate of new case openings is approximately the same all for high-risk experimental and control cases, defined as those with scores of 3 or more on the SDM neglect risk scale. (This is qualified in discussion of Figure 2.11 below.) However the rates of new case openings is significantly lower for low-risk AR cases compared to control ($p = .05$). Such cases constitute about 42 percent of all experimental and control group families.

Put in understandable terms, for every 100 low-risk cases provided a traditional response, current results indicate that about 21 could be expected to return to the system and have case management cases opened over about three years. On the other hand, about 12 of every 100 low-risk AR cases would be expected to return in the same way. The actual percentage of cases for the tracking period (averaging less than one year per family) was 7.7 percent new cases for control versus 4.8 percent for experimental. These findings are provisional and may not endure as more data are collected.

A slightly more complex analysis is shown in Figure 2.11. It illustrates that new case-management openings occur less frequently among experimental cases with risk levels of 1-2. Higher-risk level cases (3 to 7 or more) are ambiguous. Those in the mid-range are comparable but for higher risk cases (scores of 5 to 7 or more) experimental cases also have lower rates of case-management recidivism.

The finding, if ultimately correct, suggests that the increased costs associated with AR may have a future payoff among certain types of families. New case-management workgroups are the most expensive responses to families. Data will be collected during the current year (2003) for the cost effectiveness study. The final analysis of the cost effectiveness study will speak to this issue.

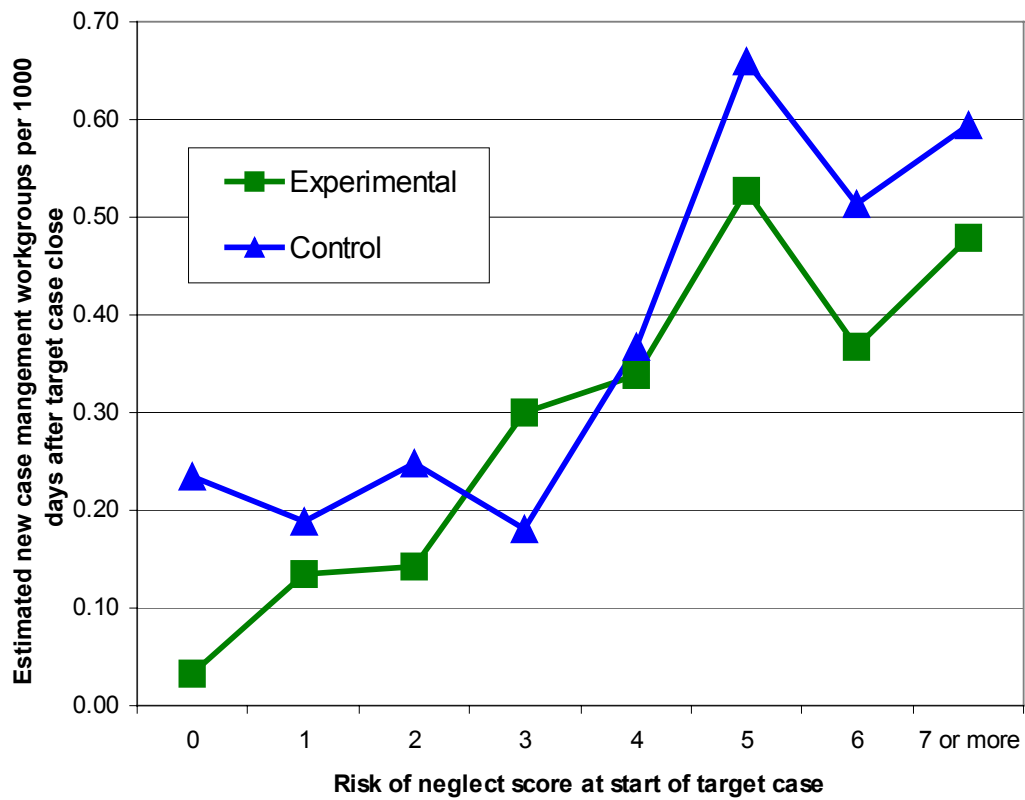


Figure 2.11. Univariate (GLM) Model Comparing Experimental and Control Cases at Different Risk Levels and Controlling for Case-Management Workgroup Opening

Appendix 1

Assignment to Alternative Response and Utilization of Case Management Workgroups Among Racial and Ethnic Groups

Four sets of tables are shown in this section. Table 1 shows the percentages of cases in racial groups screened into AR for each of the 20 counties in the study. Table 2 shows the percentage of Hispanics and non-Hispanics screened into AR in each county. Table 3 shows the percentage of AR-appropriate and AR-inappropriate cases assigned to case management workgroups (i.e., having a service case opened) for each racial group in each county. Table 4 shows the same percentage of Hispanics in each county. The data for these tables covers the entire period of the AR evaluation to date from February 1, 2001 through December 31, 2002.

Small Numbers within Racial Categories. All data from all counties are presented for the sake of completeness. However, racial categories in many counties have too few cases to permit meaningful comparisons. Percentages are less trustworthy for comparative analyses when the total number of cases is 50 or less. These categories can be identified in each table by looking at the total number in the rightmost column.

County-Level Analyses of AR Data. As noted in the text of this report, screening practices vary widely from county to county. This difference combined with very low concentrations of minority groups in most of the counties in the evaluation lead to distorted percentages in most combined analyses. The best approach when considering ethnic/racial comparisons under AR is to pursue analyses within counties rather than combined analyses.

Racial Composition within Cases. In the state data system (SSIS), racial designations are found for individuals. However, the decisions of interest in this analysis concern entire families or cases. Families rather than individuals are screened to AR or to the traditional approach. Case management is opened on families rather than individuals. The racial composition of families was determined by combining the racial designations of individuals. The procedure was to identify the race of family members and if all family members were within a particular racial category, the family was categorized in the same category. When racial variation was found among family members the family was categorized within the “mixed” category.

Completeness of Data. In some cases no racial designation was found in SSIS for family members. When this occurred families were placed in the “unknown” category, which is also included within tables.

Cases rather than Families. The emphasis in most parts of the AR evaluation is on families. Once a family is identified as a research case, it is tracked for the duration of the evaluation. In this analysis the counts and percents refer to reports and workgroups. Families that received more than one accepted report for CPS, therefore, are represented more than one time in the data.

Variation Among Races within Local Offices

The results of screening decisions for different racial groups and for Hispanic families are shown in Tables 1 and 2. (Hispanic is a separate variable in SSIS and cuts across other racial categories. For example, it is possible to be African American and Hispanic.) The tables show the percentage of families that were screened as appropriate for AR versus those that were screened as inappropriate for AR. Appropriate families were provided with an AR family assessment, except for the minority of appropriate families assigned to the control group. Inappropriate families (and control families) received a traditional assessment, that is, a CPS investigation.

The percentages of families assigned to case-management workgroups are shown in Table 3 and 4. Families are assigned to case management in order to monitor the safety of children or to provide services. These assignments occur after assessment workgroups are completed, this is, after families have received either a traditional or an AR assessment. Within SSIS, case-management workgroups usually open on the same day that the corresponding assessment workgroup closes. In some cases this does not occur, and because no other assessment-case management linkage exists in the system, the evaluators developed their own rules of linkage. The rule utilized in this analysis was that case-management workgroup that opened within 60 days of assessment workgroup closing were considered to be so linked. This is slightly different than rules used in other parts of this research and may have led to some difference in totals. Finally, case-management workgroups are sometimes already open at the time of a new report and intake. These were also detected and counted. This resulted in the three categories shown in the tables: no case management, case-management workgroup already open and new case-management workgroup.

Many differences can be observed in these tables, but the size of minority groups was only large enough in a subset of counties to permit meaningful comparisons. Large enough populations of Hispanic cases (Table 2 and 4) were found in eight counties: Anoka, Dakota, Hennepin, Olmsted, Polk, Ramsey, Scott and Wright. While some differences in percentages may be observed, in none of these were any statistically significant differences found between Hispanic and non-Hispanic cases for either assignment to AR or opening of case-management workgroups.

Within racial categories (Tables 1 and 3), six counties had populations large enough to permit comparisons. In each instance, the comparison was between the minority and the majority (Caucasian) population. Cells in the following matrix are blanked when no comparison was possible. “No Difference” refers to no statistically

significant difference. “Lower” or “Higher” means that statistically significantly lower or higher rates of assignment or opening were found in comparison to the racial majority. “Case Management” refer to either case management in progress at the time of intake or new case management.

County	African American		American Indian		Asian	
	AR Assignment	Case Managment	AR Assignment	Case Managment	AR Assignment	Case Managment
Anoka	No Difference	No Difference				
Dakota	No Difference	Higher % Opened				
Hennepin	Lower % Assigned	Higher % Opened	Lower % Assigned	Higher % Opened		
Olmsted	No Difference	No Difference				
Ramsey	No Difference	No Difference	No Difference	No Difference	Higher % Assigned	No Difference
St. Louis			No Difference	Higher % Opened		

This matrix is now reproduced showing only the percentages where statistically significant differences were discovered.

County	African American		American Indian		Asian	
	AR Assignment	Case Managment	AR Assignment	Case Managment	AR Assignment	Case Managment
Anoka						
Dakota		Caucasian: 28.5% AfrAmerican: 38.5%				
Hennepin	Caucasian: 23.2% AfrAmerican: 19.6%	Caucasian: 21.2% AfrAmerican: 26.6%	Caucasian: 23.2% AmerIndian: 17.9%	Caucasian: 21.2% AmerIndian: 36.0%		
Olmsted						
Ramsey					Caucasian: 39.1% Asian: 46.2%	
St. Louis				Caucasian: 19.7% AmerIndian: 35.7%		

Percentages for case-management workgroup openings refer to AR-Appropriate families. In each case, significantly higher percentages of such also occurred among AR-inappropriate families.

Hennepin assigned significantly fewer African American and American Indian families to AR in comparison to Caucasian families. The actual differences were 3.6 percent and 5.3 percent, respectively. This may be a function of the overall low screening rates in Hennepin County for the entire evaluation period (see body of report). The screening rates have increased in Hennepin recently, which may ultimately affect the racial proportions.

In all cases in which differences were found in opening case management workgroups, they were opened significantly more often among minority families. In all cases the percentages shown are for AR-appropriate families. However, in each case a higher percentage of such openings was also found for families screened out of AR. From our analyses in the impact section of the present report, we know that families with past reports and higher risk assessment scores were more likely to be given case management. Case management occurs because of greater concern for the safety of the children as well as a means of providing needed services.

Future Analysis

As the number of cases that may be analyzed has increased certain statistically significant differences have appeared between racial and ethnic groups in selected counties. To understand these differences other analyses may be conducted.

- Differences in presenting problems may be analyzed by race. Certain presenting problems may be distributed in different ways across racial categories, which in turn may account for differences in agency response.
- Risk Assessment scores may vary across racial groups. In particular, the Structured Decision Making neglect and abuse risk subscales may vary, as well as individual items on the SDM instrument. For example, it may be informative to examine the risk item “Family is experiencing severe financial difficulties.”
- What are the specific reasons for screening families in and out of AR? An examination of individual screening items may be helpful in answering this question. For example, are certain items that lead to administrative decisions to exclude families from AR used more frequently with families in certain racial groups?
- Differences in past experience with the agency may be important. Were families in certain racial groups reported for child abuse and neglect more often and were cases opened more often in the past?
- Differences in rates of child removal and placement among racial groups may also be examined within the context of AR in future analyses.

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation

Anoka	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	700	600	1300
		53.8%	46.2%	100.0%
	Black/African Amer.	76	68	144
		52.8%	47.2%	100.0%
	American Indian	18	10	28
		64.3%	35.7%	100.0%
	Asian	7	18	25
		28.0%	72.0%	100.0%
	Pacific Islander		1	1
			100.0%	100.0%
	Mixed Race	103	25	128
		80.5%	19.5%	100.0%
	Unknown	69	48	117
		59.0%	41.0%	100.0%
	Total	973	770	1743
		55.8%	44.2%	100.0%

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Blue Earth	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	221	99	320
		69.1%	30.9%	100.0%
	Black/African Amer.	24	11	35
		68.6%	31.4%	100.0%
	American Indian	3	1	4
		75.0%	25.0%	100.0%
	Asian	2	1	3
		66.7%	33.3%	100.0%
	Mixed Race	12	9	21
		57.1%	42.9%	100.0%
	Unknown	26	10	36
		72.2%	27.8%	100.0%
		288	131	419
		68.7%	31.3%	100.0%

Carlton	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	30	46	76
		39.5%	60.5%	100.0%
	Black/African Amer.	1		1
		100.0%		100.0%
	American Indian	23	16	39
		59.0%	41.0%	100.0%
	Asian		1	1
			100.0%	100.0%
	Mixed Race	15	6	21
		71.4%	28.6%	100.0%
	Unknown	8	21	29
		27.6%	72.4%	100.0%
	Total	77	90	167
		46.1%	53.9%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

Carver	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	135	183	318
		42.5%	57.5%	100.0%
	Black/African Amer.	11	10	21
		52.4%	47.6%	100.0%
	American Indian	3	2	5
		60.0%	40.0%	100.0%
	Asian	6	2	8
		75.0%	25.0%	100.0%
	Pacific Islander		1	1
			100.0%	100.0%
	Mixed Race	19	7	26
		73.1%	26.9%	100.0%
	Unknown	11	14	25
		44.0%	56.0%	100.0%
	Total	185	219	404
		45.8%	54.2%	100.0%

Chisago	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	183	181	364
		50.3%	49.7%	100.0%
	Black/African Amer.		1	1
			100.0%	100.0%
	American Indian	1	1	2
		50.0%	50.0%	100.0%
	Asian	1	4	5
		20.0%	80.0%	100.0%
	Mixed Race	13	15	28
		46.4%	53.6%	100.0%
	Unknown	18	29	47
		38.3%	61.7%	100.0%
	Total	216	231	447
		48.3%	51.7%	100.0%

Cottonwood	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	56	77	133
		42.1%	57.9%	100.0%
	Black/African Amer.	1		1
		100.0%		100.0%
	American Indian	1		1
		100.0%		100.0%
	Asian	2	3	5
		40.0%	60.0%	100.0%
	Mixed Race	10	10	20
		50.0%	50.0%	100.0%
	Unknown	3	13	16
		18.8%	81.3%	100.0%
	Total	73	103	176
		41.5%	58.5%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

Dakota	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	809	648	1457
		55.5%	44.5%	100.0%
	Black/African Amer.	180	117	297
		60.6%	39.4%	100.0%
	American Indian	16	10	26
		61.5%	38.5%	100.0%
	Asian	19	29	48
		39.6%	60.4%	100.0%
	Pacific Islander	1	3	4
		25.0%	75.0%	100.0%
	Mixed Race	102	44	146
		69.9%	30.1%	100.0%
	Unknown	123	159	282
		43.6%	56.4%	100.0%
	Total	1250	1010	2260
		55.3%	44.7%	100.0%

Hennepin	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	2429	732	3161
		76.8%	23.2%	100.0%
	Black/African Amer.	3167	772	3939
		80.4%	19.6%	100.0%
	American Indian	458	100	558
		82.1%	17.9%	100.0%
	Asian	262	62	324
		80.9%	19.1%	100.0%
	Pacific Islander	4	2	6
		66.7%	33.3%	100.0%
	Mixed Race	1120	174	1294
		86.6%	13.4%	100.0%
	Unknown	527	235	762
		69.2%	30.8%	100.0%
	Total	7967	2077	10044
		79.3%	20.7%	100.0%

Kandiyohi	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	209	128	337
		62.0%	38.0%	100.0%
	Black/African Amer.	4	2	6
		66.7%	33.3%	100.0%
	American Indian	1		1
		100.0%		100.0%
	Mixed Race	3	9	12
		25.0%	75.0%	100.0%
	Unknown	17	15	32
		53.1%	46.9%	100.0%
		234	154	388
		60.3%	39.7%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

McLeod	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	159	110	269
		59.1%	40.9%	100.0%
	Black/African Amer.	2	2	4
		50.0%	50.0%	100.0%
	Asian		1	1
			100.0%	100.0%
	Mixed Race	4	2	6
		66.7%	33.3%	100.0%
	Unknown	24	18	42
		57.1%	42.9%	100.0%
	Total	189	133	322
		58.7%	41.3%	100.0%

Nicollet	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	155	63	218
		71.1%	28.9%	100.0%
	Black/African Amer.	11	2	13
		84.6%	15.4%	100.0%
	Mixed Race	9	1	10
		90.0%	10.0%	100.0%
	Unknown	14	9	23
		60.9%	39.1%	100.0%
	Total	189	75	264
		71.6%	28.4%	100.0%

Olmsted	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	410	554	964
		42.5%	57.5%	100.0%
	Black/African Amer.	81	109	190
		42.6%	57.4%	100.0%
	American Indian	1	6	7
		14.3%	85.7%	100.0%
	Asian	15	34	49
		30.6%	69.4%	100.0%
	Pacific Islander		1	1
			100.0%	100.0%
	Mixed Race	55	34	89
		61.8%	38.2%	100.0%
	Unknown	51	146	197
		25.9%	74.1%	100.0%
	Total	613	884	1497
		40.9%	59.1%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

Polk	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	186	190	376
		49.5%	50.5%	100.0%
	Black/African Amer.	3	3	6
		50.0%	50.0%	100.0%
	American Indian	13	5	18
		72.2%	27.8%	100.0%
	Mixed Race	13	7	20
		65.0%	35.0%	100.0%
	Unknown	42	39	81
		51.9%	48.1%	100.0%
	Total	257	244	501
		51.3%	48.7%	100.0%

Pope	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	35	46	81
		43.2%	56.8%	100.0%
	Black/African Amer.		1	1
			100.0%	100.0%
	American Indian		1	1
			100.0%	100.0%
	Mixed Race	2	2	4
		50.0%	50.0%	100.0%
	Unknown	5	11	16
		31.3%	68.8%	100.0%
	Total	42	61	103
		40.8%	59.2%	100.0%

Ramsey	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	656	421	1077
		60.9%	39.1%	100.0%
	Black/African Amer.	548	343	891
		61.5%	38.5%	100.0%
	American Indian	44	28	72
		61.1%	38.9%	100.0%
	Asian	120	103	223
		53.8%	46.2%	100.0%
	Pacific Islander	1	3	4
		25.0%	75.0%	100.0%
	Mixed Race	213	87	300
		71.0%	29.0%	100.0%
	Unknown	138	133	271
		50.9%	49.1%	100.0%
	Total	1720	1118	2838
		60.6%	39.4%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

St. Louis	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	381	437	818
		46.6%	53.4%	100.0%
	Black/African Amer.	28	25	53
		52.8%	47.2%	100.0%
	American Indian	80	70	150
		53.3%	46.7%	100.0%
	Asian	2	2	4
		50.0%	50.0%	100.0%
	Pacific Islander		1	1
			100.0%	100.0%
	Mixed Race	66	47	113
		58.4%	41.6%	100.0%
	Unknown	57	87	144
		39.6%	60.4%	100.0%
	Total	614	669	1283
		47.9%	52.1%	100.0%
Scott	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	204	253	457
		44.6%	55.4%	100.0%
	Black/African Amer.	20	11	31
		64.5%	35.5%	100.0%
	American Indian	6	8	14
		42.9%	57.1%	100.0%
	Asian	7	6	13
		53.8%	46.2%	100.0%
	Mixed Race	19	18	37
		51.4%	48.6%	100.0%
	Unknown	22	39	61
		36.1%	63.9%	100.0%
		278	335	613
		45.4%	54.6%	100.0%
Waseca	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	69	86	155
		44.5%	55.5%	100.0%
	Black/African Amer.	5		5
		100.0%		100.0%
	American Indian	1		1
		100.0%		100.0%
	Mixed Race	3		3
		100.0%		100.0%
	Unknown	11	7	18
		61.1%	38.9%	100.0%
	Total	89	93	182
		48.9%	51.1%	100.0%

Table 1. Percent Screened as Appropriate and Inappropriate for AR by Race for Each County included in the AR Evaluation (Continued)

Wright	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	187	183	370
		50.5%	49.5%	100.0%
	Black/African Amer.	4	9	13
		30.8%	69.2%	100.0%
	American Indian	2	1	3
		66.7%	33.3%	100.0%
	Asian	2		2
		100.0%		100.0%
	Pacific Islander	1		1
		100.0%		100.0%
	Mixed Race	4	8	12
		33.3%	66.7%	100.0%
	Unknown	17	35	52
		32.7%	67.3%	100.0%
	Total	217	236	453
		47.9%	52.1%	100.0%

Yellow Medicine	<i>Race</i>	<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Caucasian	32	34	66
		48.5%	51.5%	100.0%
	American Indian	11	5	16
		68.8%	31.3%	100.0%
	Mixed Race	3	2	5
		60.0%	40.0%	100.0%
	Unknown	8	9	17
		47.1%	52.9%	100.0%
	Total	54	50	104
		51.9%	48.1%	100.0%

Table 2. Percent Screened as Appropriate and Inappropriate for AR by Hispanic Affiliation for Each County included in the AR Evaluation

		Screening		
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
Anoka	Non-Hispanic	924	740	1664
		55.5%	44.5%	100.0%
	Hispanic	49	30	79
		62.0%	38.0%	100.0%
		973	770	1743
		55.8%	44.2%	100.0%
Blue Earth		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	268	117	385
		69.6%	30.4%	100.0%
	Hispanic	20	14	34
		58.8%	41.2%	100.0%
		288	131	419
Carlton		68.7%	31.3%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	76	90	166
		45.8%	54.2%	100.0%
	Hispanic	1		1
		100.0%		100.0%
Carver		77	90	167
		46.1%	53.9%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	161	197	358
		45.0%	55.0%	100.0%
	Hispanic	24	22	46
Chisago		52.2%	47.8%	100.0%
		185	219	404
		45.8%	54.2%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	213	220	433
		49.2%	50.8%	100.0%
Cottonwood	Hispanic	3	11	14
		21.4%	78.6%	100.0%
		216	231	447
		48.3%	51.7%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	61	98	159
		38.4%	61.6%	100.0%
	Hispanic	12	5	17
		70.6%	29.4%	100.0%
		73	103	176
		41.5%	58.5%	100.0%

**Table 2. Percent Screened as Appropriate and Inappropriate for AR by Hispanic Affiliation for Each County included in the AR Evaluation
(Continued)**

		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
Dakota	Non-Hispanic	1173	936	2109
		55.6%	44.4%	100.0%
	Hispanic	77	74	151
		51.0%	49.0%	100.0%
		1250	1010	2260
Hennepin	Non-Hispanic	55.3%	44.7%	100.0%
	Hispanic	7171	1884	9055
		79.2%	20.8%	100.0%
Kandiyohi	Non-Hispanic	796	193	989
		80.5%	19.5%	100.0%
	Hispanic	7967	2077	10044
		79.3%	20.7%	100.0%
McLeod	Non-Hispanic	154	98	252
		61.1%	38.9%	100.0%
	Hispanic	80	56	136
		58.8%	41.2%	100.0%
Nicollet	Non-Hispanic	234	154	388
		60.3%	39.7%	100.0%
	Hispanic	168	116	284
		59.2%	40.8%	100.0%
Olmsted	Non-Hispanic	21	17	38
		55.3%	44.7%	100.0%
	Hispanic	189	133	322
		58.7%	41.3%	100.0%
Polk	Non-Hispanic	167	68	235
		71.1%	28.9%	100.0%
	Hispanic	22	7	29
		75.9%	24.1%	100.0%
Polk	Non-Hispanic	189	75	264
		71.6%	28.4%	100.0%
	Hispanic	571	815	1386
		41.2%	58.8%	100.0%
Polk	Non-Hispanic	42	69	111
		37.8%	62.2%	100.0%
	Hispanic	613	884	1497
		40.9%	59.1%	100.0%
Polk	Non-Hispanic	186	184	370
		50.3%	49.7%	100.0%
	Hispanic	71	60	131
		54.2%	45.8%	100.0%
Polk	Non-Hispanic	257	244	501
		51.3%	48.7%	100.0%

Table 2. Percent Screened as Appropriate and Inappropriate for AR by Hispanic Affiliation for Each County included in the AR Evaluation (Continued)

Pope		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	41	59	100
		41.0%	59.0%	100.0%
	Hispanic	1	2	3
		33.3%	66.7%	100.0%
		42	61	103
Ramsey		40.8%	59.2%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	1502	994	2496
		60.2%	39.8%	100.0%
	Hispanic	218	124	342
		63.7%	36.3%	100.0%
St. Louis		1720	1118	2838
		60.6%	39.4%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	594	664	1258
		47.2%	52.8%	100.0%
	Hispanic	20	5	25
Scott		80.0%	20.0%	100.0%
		614	669	1283
		47.9%	52.1%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	252	301	553
		45.6%	54.4%	100.0%
Waseca	Hispanic	26	34	60
		43.3%	56.7%	100.0%
		278	335	613
		45.4%	54.6%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	82	80	162
Wright		50.6%	49.4%	100.0%
	Hispanic	7	13	20
		35.0%	65.0%	100.0%
		89	93	182
		48.9%	51.1%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
Yellow Medicine	Non-Hispanic	210	222	432
		48.6%	51.4%	100.0%
	Hispanic	7	14	21
		33.3%	66.7%	100.0%
		217	236	453
		47.9%	52.1%	100.0%
		<i>Inappropriate</i>	<i>AR-Appropriate</i>	<i>Total</i>
	Non-Hispanic	51	43	94
		54.3%	45.7%	100.0%
	Hispanic	3	7	10
		30.0%	70.0%	100.0%
		54	50	104
		51.9%	48.1%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Anoka	Inappropriate	Caucasian	452	38	210	700
			64.6%	5.4%	30.0%	100.0%
		Black/African Amer.	57		19	76
			75.0%		25.0%	100.0%
		American Indian	12	2	4	18
			66.7%	11.1%	22.2%	100.0%
		Asian	6		1	7
			85.7%		14.3%	100.0%
		Mixed Race	52	11	40	103
			50.5%	10.7%	38.8%	100.0%
		Unknown	64	1	4	69
			92.8%	1.4%	5.8%	100.0%
		Total	643	52	278	973
			66.1%	5.3%	28.6%	100.0%
	AR-Appropriate	Caucasian	444	1	155	600
			74.0%	.2%	25.8%	100.0%
		Black/African Amer.	49		19	68
			72.1%		27.9%	100.0%
		American Indian	5		5	10
			50.0%		50.0%	100.0%
		Asian	15		3	18
			83.3%		16.7%	100.0%
		Pacific Islander			1	1
					100.0%	100.0%
		Mixed Race	16		9	25
			64.0%		36.0%	100.0%
		Unknown	42	1	5	48
			87.5%	2.1%	10.4%	100.0%
		Total	571	2	197	770
			74.2%	.3%	25.6%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Blue Earth	Inappropriate	Caucasian	170	16	35	221
			76.9%	7.2%	15.8%	100.0%
		Black/African Amer.	18	2	4	24
			75.0%	8.3%	16.7%	100.0%
		American Indian	2		1	3
			66.7%		33.3%	100.0%
		Asian	2			2
			100.0%			100.0%
		Mixed Race	8	1	3	12
			66.7%	8.3%	25.0%	100.0%
		Unknown	20		6	26
			76.9%		23.1%	100.0%
		Total	220	19	49	288
			76.4%	6.6%	17.0%	100.0%
	AR-Appropriate	Caucasian	85	2	12	99
			85.9%	2.0%	12.1%	100.0%
		Black/African Amer.	7		4	11
			63.6%		36.4%	100.0%
		American Indian	1			1
			100.0%			100.0%
		Asian	1			1
			100.0%			100.0%
		Mixed Race	9			9
			100.0%			100.0%
		Unknown	5		5	10
			50.0%		50.0%	100.0%
		Total	108	2	21	131
			82.4%	1.5%	16.0%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Carlton	Inappropriate	Caucasian	12		18	30
			40.0%		60.0%	100.0%
		Black/African Amer.	1			1
			100.0%			100.0%
		American Indian	12	2	9	23
			52.2%	8.7%	39.1%	100.0%
		Mixed Race	6	1	8	15
			40.0%	6.7%	53.3%	100.0%
		Unknown	2		6	8
			25.0%		75.0%	100.0%
		Total	33	3	41	77
			42.9%	3.9%	53.2%	100.0%
	AR-Appropriate	Caucasian	16		30	46
			34.8%		65.2%	100.0%
		American Indian	3		13	16
			18.8%		81.3%	100.0%
		Asian			1	1
					100.0%	100.0%
		Mixed Race			6	6
					100.0%	100.0%
		Unknown	6		15	21
			28.6%		71.4%	100.0%
		Total	25		65	90
			27.8%		72.2%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i> Carver	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Caucasian	101	6	28	135
			74.8%	4.4%	20.7%	100.0%
		Black/African Amer.	8		3	11
			72.7%		27.3%	100.0%
		American Indian	2	1		3
			66.7%	33.3%		100.0%
		Asian	4	1	1	6
			66.7%	16.7%	16.7%	100.0%
		Mixed Race	12		7	19
			63.2%		36.8%	100.0%
		Unknown	9		2	11
			81.8%		18.2%	100.0%
		Total	136	8	41	185
			73.5%	4.3%	22.2%	100.0%
		Caucasian	146	1	36	183
			79.8%	.5%	19.7%	100.0%
		Black/African Amer.	9		1	10
			90.0%		10.0%	100.0%
		American Indian	2			2
			100.0%			100.0%
	AR-Appropriate	Asian	2			2
			100.0%			100.0%
		Pacific Islander	1			1
			100.0%			100.0%
		Mixed Race	5		2	7
			71.4%		28.6%	100.0%
		Unknown	13		1	14
			92.9%		7.1%	100.0%
		Total	178	1	40	219
			81.3%	.5%	18.3%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Chisago	Inappropriate	Caucasian	118	10	55	183
			64.5%	5.5%	30.1%	100.0%
		American Indian			1	1
					100.0%	100.0%
		Asian			1	1
					100.0%	100.0%
		Mixed Race	12		1	13
			92.3%		7.7%	100.0%
		Unknown	16	1	1	18
			88.9%	5.6%	5.6%	100.0%
		Total	146	11	59	216
			67.6%	5.1%	27.3%	100.0%
	AR-Appropriate	Caucasian	131	1	49	181
			72.4%	.6%	27.1%	100.0%
		Black/African Amer.	1			1
			100.0%			100.0%
		American Indian			1	1
					100.0%	100.0%
		Asian	3		1	4
			75.0%		25.0%	100.0%
		Mixed Race	13		2	15
			86.7%		13.3%	100.0%
		Unknown	22		7	29
			75.9%		24.1%	100.0%
		Total	170	1	60	231
			73.6%	.4%	26.0%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Cottonwood	Inappropriate	Caucasian	42	2	12	56
			75.0%	3.6%	21.4%	100.0%
		Black/African Amer.	1			1
			100.0%			100.0%
		American Indian			1	1
					100.0%	100.0%
		Asian			2	2
					100.0%	100.0%
		Mixed Race	4	1	5	10
			40.0%	10.0%	50.0%	100.0%
		Unknown	2		1	3
			66.7%		33.3%	100.0%
		Total	49	3	21	73
			67.1%	4.1%	28.8%	100.0%
	AR-Appropriate	Caucasian	48	5	24	77
			62.3%	6.5%	31.2%	100.0%
		Asian	3			3
			100.0%			100.0%
		Mixed Race	2	3	5	10
			20.0%	30.0%	50.0%	100.0%
		Unknown	8	2	3	13
			61.5%	15.4%	23.1%	100.0%
		Total	61	10	32	103
			59.2%	9.7%	31.1%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Dakota	Inappropriate	Caucasian	636	43	130	809
			78.6%	5.3%	16.1%	100.0%
		Black/African Amer.	140	9	31	180
			77.8%	5.0%	17.2%	100.0%
		American Indian	14		2	16
			87.5%		12.5%	100.0%
		Asian	16	3		19
			84.2%	15.8%		100.0%
		Pacific Islander	1			1
			100.0%			100.0%
		Mixed Race	82	6	14	102
			80.4%	5.9%	13.7%	100.0%
		Unknown	112	2	9	123
			91.1%	1.6%	7.3%	100.0%
		Total	1001	63	186	1250
			80.1%	5.0%	14.9%	100.0%
	AR-Appropriate	Caucasian	463	10	175	648
			71.5%	1.5%	27.0%	100.0%
		Black/African Amer.	72		45	117
			61.5%		38.5%	100.0%
		American Indian	7		3	10
			70.0%		30.0%	100.0%
		Asian	24		5	29
			82.8%		17.2%	100.0%
		Pacific Islander	1		2	3
			33.3%		66.7%	100.0%
		Mixed Race	21		23	44
			47.7%		52.3%	100.0%
		Unknown	122		37	159
			76.7%		23.3%	100.0%
		Total	710	10	290	1010
			70.3%	1.0%	28.7%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Hennepin	Inappropriate	Caucasian	1881	47	501	2429
			77.4%	1.9%	20.6%	100.0%
		Black/African Amer.	2255	103	809	3167
			71.2%	3.3%	25.5%	100.0%
		American Indian	269	35	154	458
			58.7%	7.6%	33.6%	100.0%
		Asian	192	6	64	262
			73.3%	2.3%	24.4%	100.0%
		Pacific Islander	3		1	4
			75.0%		25.0%	100.0%
		Mixed Race	732	66	322	1120
			65.4%	5.9%	28.8%	100.0%
		Unknown	433	11	83	527
			82.2%	2.1%	15.7%	100.0%
		Total	5765	268	1934	7967
			72.4%	3.4%	24.3%	100.0%
	AR-Appropriate	Caucasian	577	9	146	732
			78.8%	1.2%	19.9%	100.0%
		Black/African Amer.	567	14	191	772
			73.4%	1.8%	24.7%	100.0%
		American Indian	64	5	31	100
			64.0%	5.0%	31.0%	100.0%
		Asian	47	1	14	62
			75.8%	1.6%	22.6%	100.0%
		Pacific Islander	2			2
			100.0%			100.0%
		Mixed Race	123	6	45	174
			70.7%	3.4%	25.9%	100.0%
		Unknown	196	4	35	235
			83.4%	1.7%	14.9%	100.0%
		Total	1576	39	462	2077
			75.9%	1.9%	22.2%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Kandiyohi	Inappropriate	Caucasian	119	16	74	209
			56.9%	7.7%	35.4%	100.0%
		Black/African Amer.	2		2	4
			50.0%		50.0%	100.0%
		American Indian	1			1
			100.0%			100.0%
		Mixed Race	2		1	3
			66.7%		33.3%	100.0%
		Unknown	9		8	17
			52.9%		47.1%	100.0%
		Total	133	16	85	234
			56.8%	6.8%	36.3%	100.0%
	AR-Appropriate	Caucasian	82		46	128
			64.1%		35.9%	100.0%
		Black/African Amer.	2			2
			100.0%			100.0%
		Mixed Race	5		4	9
			55.6%		44.4%	100.0%
		Unknown	8		7	15
			53.3%		46.7%	100.0%
		Total	97		57	154
			63.0%		37.0%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
McLeod	Inappropriate	Caucasian	122	9	28	159
			76.7%	5.7%	17.6%	100.0%
		Black/African Amer.	2			2
			100.0%			100.0%
		Mixed Race	2		2	4
			50.0%		50.0%	100.0%
		Unknown	22		2	24
			91.7%		8.3%	100.0%
		Total	148	9	32	189
			78.3%	4.8%	16.9%	100.0%
	AR-Appropriate	Caucasian	70		40	110
			63.6%		36.4%	100.0%
		Black/African Amer.	2			2
			100.0%			100.0%
		Asian	1			1
			100.0%			100.0%
		Mixed Race			2	2
					100.0%	100.0%
		Unknown	13		5	18
			72.2%		27.8%	100.0%
		Total	86		47	133
			64.7%		35.3%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Nicollet	Inappropriate	Caucasian	109	3	43	155
			70.3%	1.9%	27.7%	100.0%
		Black/African Amer.	10		1	11
			90.9%		9.1%	100.0%
		Mixed Race	7		2	9
			77.8%		22.2%	100.0%
		Unknown	5		9	14
			35.7%		64.3%	100.0%
		Total	131	3	55	189
			69.3%	1.6%	29.1%	100.0%
	AR-Appropriate	Caucasian	49	1	13	63
			77.8%	1.6%	20.6%	100.0%
		Black/African Amer.	1		1	2
			50.0%		50.0%	100.0%
		Mixed Race	1			1
			100.0%			100.0%
		Unknown	3		6	9
			33.3%		66.7%	100.0%
		Total	54	1	20	75
			72.0%	1.3%	26.7%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Olmsted	Inappropriate	Caucasian	258	50	102	410
			62.9%	12.2%	24.9%	100.0%
		Black/African Amer.	44	12	25	81
			54.3%	14.8%	30.9%	100.0%
		American Indian	1			1
			100.0%			100.0%
		Asian	12		3	15
			80.0%		20.0%	100.0%
		Mixed Race	41	7	7	55
			74.5%	12.7%	12.7%	100.0%
		Unknown	34	7	10	51
			66.7%	13.7%	19.6%	100.0%
		Total	390	76	147	613
			63.6%	12.4%	24.0%	100.0%
	AR-Appropriate	Caucasian	420	10	124	554
			75.8%	1.8%	22.4%	100.0%
		Black/African Amer.	85	8	16	109
			78.0%	7.3%	14.7%	100.0%
		American Indian	2	3	1	6
			33.3%	50.0%	16.7%	100.0%
		Asian	30		4	34
			88.2%		11.8%	100.0%
		Pacific Islander	1			1
			100.0%			100.0%
		Mixed Race	15	7	12	34
			44.1%	20.6%	35.3%	100.0%
		Unknown	116	6	24	146
			79.5%	4.1%	16.4%	100.0%
		Total	669	34	181	884
			75.7%	3.8%	20.5%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Polk	Inappropriate	Caucasian	132	15	39	186
			71.0%	8.1%	21.0%	100.0%
		Black/African Amer.	1	1	1	3
			33.3%	33.3%	33.3%	100.0%
		American Indian	9		4	13
			69.2%		30.8%	100.0%
		Mixed Race	10	1	2	13
			76.9%	7.7%	15.4%	100.0%
		Unknown	34	1	7	42
			81.0%	2.4%	16.7%	100.0%
		Total	186	18	53	257
			72.4%	7.0%	20.6%	100.0%
	AR-Appropriate	Caucasian	152	6	32	190
			80.0%	3.2%	16.8%	100.0%
		Black/African Amer.	1		2	3
			33.3%		66.7%	100.0%
		American Indian	4		1	5
			80.0%		20.0%	100.0%
		Mixed Race	6		1	7
			85.7%		14.3%	100.0%
		Unknown	34		5	39
			87.2%		12.8%	100.0%
		Total	197	6	41	244
			80.7%	2.5%	16.8%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Pope	Inappropriate	Caucasian	23	3	9	35
			65.7%	8.6%	25.7%	100.0%
		Mixed Race	2			2
			100.0%			100.0%
		Unknown	5			5
			100.0%			100.0%
		Total	30	3	9	42
	AR-Appropriate		71.4%	7.1%	21.4%	100.0%
		Caucasian	35	1	10	46
			76.1%	2.2%	21.7%	100.0%
		Black/African Amer.			1	1
					100.0%	100.0%
		American Indian	1			1
			100.0%			100.0%
		Mixed Race	2			2
			100.0%			100.0%
		Unknown	10		1	11
			90.9%		9.1%	100.0%
		Total	48	1	12	61
			78.7%	1.6%	19.7%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Ramsey	Inappropriate	Caucasian	416	60	180	656
			63.4%	9.1%	27.4%	100.0%
		Black/African Amer.	327	54	167	548
			59.7%	9.9%	30.5%	100.0%
		American Indian	23	8	13	44
			52.3%	18.2%	29.5%	100.0%
		Asian	80	6	34	120
			66.7%	5.0%	28.3%	100.0%
		Pacific Islander			1	1
					100.0%	100.0%
		Mixed Race	110	34	69	213
			51.6%	16.0%	32.4%	100.0%
		Unknown	103	6	29	138
			74.6%	4.3%	21.0%	100.0%
		Total	1059	168	493	1720
			61.6%	9.8%	28.7%	100.0%
	AR-Appropriate	Caucasian	318	3	100	421
			75.5%	.7%	23.8%	100.0%
		Black/African Amer.	258	2	83	343
			75.2%	.6%	24.2%	100.0%
		American Indian	20		8	28
			71.4%		28.6%	100.0%
		Asian	81		22	103
			78.6%		21.4%	100.0%
		Pacific Islander	2		1	3
			66.7%		33.3%	100.0%
		Mixed Race	65	1	21	87
			74.7%	1.1%	24.1%	100.0%
		Unknown	99		34	133
			74.4%		25.6%	100.0%
		Total	843	6	269	1118
			75.4%	.5%	24.1%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
St. Louis	Inappropriate	Caucasian	299	20	62	381
			78.5%	5.2%	16.3%	100.0%
		Black/African Amer.	22		6	28
			78.6%		21.4%	100.0%
		American Indian	46	14	20	80
			57.5%	17.5%	25.0%	100.0%
		Asian	1		1	2
			50.0%		50.0%	100.0%
		Mixed Race	38	6	22	66
			57.6%	9.1%	33.3%	100.0%
		Unknown	48	4	5	57
			84.2%	7.0%	8.8%	100.0%
		Total	454	44	116	614
			73.9%	7.2%	18.9%	100.0%
	AR-Appropriate	Caucasian	351	2	84	437
			80.3%	.5%	19.2%	100.0%
		Black/African Amer.	19	1	5	25
			76.0%	4.0%	20.0%	100.0%
		American Indian	45		25	70
			64.3%		35.7%	100.0%
		Asian	2			2
			100.0%			100.0%
		Pacific Islander	1			1
			100.0%			100.0%
		Mixed Race	36		11	47
			76.6%		23.4%	100.0%
		Unknown	76	1	10	87
			87.4%	1.1%	11.5%	100.0%
		Total	530	4	135	669
			79.2%	.6%	20.2%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Scott	Inappropriate	Caucasian	142	7	55	204
			69.6%	3.4%	27.0%	100.0%
		Black/African Amer.	14	1	5	20
			70.0%	5.0%	25.0%	100.0%
		American Indian	6			6
			100.0%			100.0%
		Asian	4		3	7
			57.1%		42.9%	100.0%
		Mixed Race	14	2	3	19
			73.7%	10.5%	15.8%	100.0%
		Unknown	20		2	22
			90.9%		9.1%	100.0%
		Total	200	10	68	278
			71.9%	3.6%	24.5%	100.0%
	AR-Appropriate	Caucasian	202	1	50	253
			79.8%	.4%	19.8%	100.0%
		Black/African Amer.	10		1	11
			90.9%		9.1%	100.0%
		American Indian	5		3	8
			62.5%		37.5%	100.0%
		Asian	5		1	6
			83.3%		16.7%	100.0%
		Mixed Race	13		5	18
			72.2%		27.8%	100.0%
		Unknown	35		4	39
			89.7%		10.3%	100.0%
		Total	270	1	64	335
			80.6%	.3%	19.1%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Waseca	Inappropriate	Caucasian	45	2	22	69
			65.2%	2.9%	31.9%	100.0%
		Black/African Amer.	3		2	5
			60.0%		40.0%	100.0%
		American Indian		1		1
				100.0%		100.0%
		Mixed Race			3	3
					100.0%	100.0%
		Unknown	6		5	11
			54.5%		45.5%	100.0%
	AR-Appropriate	Total	54	3	32	89
			60.7%	3.4%	36.0%	100.0%
		Caucasian	51	1	34	86
			59.3%	1.2%	39.5%	100.0%
		Unknown	2		5	7
			28.6%		71.4%	100.0%
		Total	53	1	39	93
			57.0%	1.1%	41.9%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Wright	Inappropriate	Caucasian	140	8	39	187
			74.9%	4.3%	20.9%	100.0%
		Black/African Amer.	2		2	4
			50.0%		50.0%	100.0%
		American Indian	1		1	2
			50.0%		50.0%	100.0%
		Asian			2	2
					100.0%	100.0%
		Pacific Islander			1	1
					100.0%	100.0%
		Mixed Race	2		2	4
			50.0%		50.0%	100.0%
		Unknown	14		3	17
			82.4%		17.6%	100.0%
		Total	159	8	50	217
			73.3%	3.7%	23.0%	100.0%
	AR-Appropriate	Caucasian	129		54	183
			70.5%		29.5%	100.0%
		Black/African Amer.	5		4	9
			55.6%		44.4%	100.0%
		American Indian			1	1
					100.0%	100.0%
		Mixed Race	4		4	8
			50.0%		50.0%	100.0%
		Unknown	26		9	35
			74.3%		25.7%	100.0%
		Total	164		72	236
			69.5%		30.5%	100.0%

Table 3. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Race for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>	<i>Race</i>	<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Yellow Medicine	Inappropriate	Caucasian	25	2	5	32
			78.1%	6.3%	15.6%	100.0%
		American Indian	9		2	11
			81.8%		18.2%	100.0%
		Mixed Race	3			3
			100.0%			100.0%
		Unknown	6	1	1	8
			75.0%	12.5%	12.5%	100.0%
		Total	43	3	8	54
			79.6%	5.6%	14.8%	100.0%
	AR-Appropriate	Caucasian	20	1	13	34
			58.8%	2.9%	38.2%	100.0%
		American Indian	2		3	5
			40.0%		60.0%	100.0%
		Mixed Race	2			2
			100.0%			100.0%
		Unknown	6		3	9
			66.7%		33.3%	100.0%
		Total	30	1	19	50
			60.0%	2.0%	38.0%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation

<i>County</i>	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Anoka	Inappropriate	Non-Hispanic	614	46	264	924
			66.5%	5.0%	28.6%	100.0%
		Hispanic	29	6	14	49
			59.2%	12.2%	28.6%	100.0%
			643	52	278	973
			66.1%	5.3%	28.6%	100.0%
	AR-Appropriate	Non-Hispanic	553	2	185	740
			74.7%	.3%	25.0%	100.0%
		Hispanic	18		12	30
			60.0%		40.0%	100.0%
			571	2	197	770
			74.2%	.3%	25.6%	100.0%
Blue Earth	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	204	19	45	268
			76.1%	7.1%	16.8%	100.0%
		Hispanic	16		4	20
			80.0%		20.0%	100.0%
			220	19	49	288
			76.4%	6.6%	17.0%	100.0%
	AR-Appropriate	Non-Hispanic	96	2	19	117
			82.1%	1.7%	16.2%	100.0%
		Hispanic	12		2	14
			85.7%		14.3%	100.0%
			108	2	21	131
			82.4%	1.5%	16.0%	100.0%
Carlton	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	32	3	41	76
			42.1%	3.9%	53.9%	100.0%
		Hispanic	1			1
			100.0%			100.0%
			33	3	41	77
			42.9%	3.9%	53.2%	100.0%
	AR-Appropriate	Non-Hispanic	25		65	90
			27.8%		72.2%	100.0%
			25		65	90
			27.8%		72.2%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Carver	Inappropriate	Non-Hispanic	122	5	34	161
			75.8%	3.1%	21.1%	100.0%
		Hispanic	14	3	7	24
			58.3%	12.5%	29.2%	100.0%
			136	8	41	185
			73.5%	4.3%	22.2%	100.0%
	AR-Appropriate	Non-Hispanic	165	1	31	197
			83.8%	.5%	15.7%	100.0%
		Hispanic	13		9	22
			59.1%		40.9%	100.0%
			178	1	40	219
			81.3%	.5%	18.3%	100.0%
Chisago	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	144	11	58	213
			67.6%	5.2%	27.2%	100.0%
		Hispanic	2		1	3
			66.7%		33.3%	100.0%
			146	11	59	216
			67.6%	5.1%	27.3%	100.0%
	AR-Appropriate	Non-Hispanic	161	1	58	220
			73.2%	.5%	26.4%	100.0%
		Hispanic	9		2	11
			81.8%		18.2%	100.0%
			170	1	60	231
			73.6%	.4%	26.0%	100.0%
Cottonwood	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	42	3	16	61
			68.9%	4.9%	26.2%	100.0%
		Hispanic	7		5	12
			58.3%		41.7%	100.0%
			49	3	21	73
			67.1%	4.1%	28.8%	100.0%
	AR-Appropriate	Non-Hispanic	59	9	30	98
			60.2%	9.2%	30.6%	100.0%
		Hispanic	2	1	2	5
			40.0%	20.0%	40.0%	100.0%
			61	10	32	103
			59.2%	9.7%	31.1%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
Dakota	Inappropriate	Non-Hispanic	943	58	172	1173
			80.4%	4.9%	14.7%	100.0%
		Hispanic	58	5	14	77
			75.3%	6.5%	18.2%	100.0%
			1001	63	186	1250
			80.1%	5.0%	14.9%	100.0%
	AR-Appropriate	Non-Hispanic	664	10	262	936
			70.9%	1.1%	28.0%	100.0%
		Hispanic	46		28	74
			62.2%		37.8%	100.0%
			710	10	290	1010
			70.3%	1.0%	28.7%	100.0%
Hennepin	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	5208	225	1738	7171
			72.6%	3.1%	24.2%	100.0%
		Hispanic	557	43	196	796
			70.0%	5.4%	24.6%	100.0%
			5765	268	1934	7967
			72.4%	3.4%	24.3%	100.0%
	AR-Appropriate	Non-Hispanic	1435	34	415	1884
			76.2%	1.8%	22.0%	100.0%
		Hispanic	141	5	47	193
			73.1%	2.6%	24.4%	100.0%
			1576	39	462	2077
			75.9%	1.9%	22.2%	100.0%
Kandiyohi	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	89	8	57	154
			57.8%	5.2%	37.0%	100.0%
		Hispanic	44	8	28	80
			55.0%	10.0%	35.0%	100.0%
			133	16	85	234
			56.8%	6.8%	36.3%	100.0%
	AR-Appropriate	Non-Hispanic	70		28	98
			71.4%		28.6%	100.0%
		Hispanic	27		29	56
			48.2%		51.8%	100.0%
			97		57	154
			63.0%		37.0%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

County	Screening		No CM WG	Existing CM WG	New CM WG	Total
	Inappropriate	Non-Hispanic	131	7	30	168
County McLeod			78.0%	4.2%	17.9%	100.0%
		Hispanic	17	2	2	21
			81.0%	9.5%	9.5%	100.0%
			148	9	32	189
			78.3%	4.8%	16.9%	100.0%
	AR-Appropriate	Non-Hispanic	73		43	116
			62.9%		37.1%	100.0%
		Hispanic	13		4	17
			76.5%		23.5%	100.0%
			86		47	133
			64.7%		35.3%	100.0%
County	Screening		No CM WG	Existing CM WG	New CM WG	Total
	Inappropriate	Non-Hispanic	117	3	47	167
County Nicollet			70.1%	1.8%	28.1%	100.0%
		Hispanic	14		8	22
			63.6%		36.4%	100.0%
			131	3	55	189
			69.3%	1.6%	29.1%	100.0%
	AR-Appropriate	Non-Hispanic	49	1	18	68
			72.1%	1.5%	26.5%	100.0%
		Hispanic	5		2	7
			71.4%		28.6%	100.0%
			54	1	20	75
			72.0%	1.3%	26.7%	100.0%
County	Screening		No CM WG	Existing CM WG	New CM WG	Total
	Inappropriate	Non-Hispanic	366	68	137	571
County Olmsted			64.1%	11.9%	24.0%	100.0%
		Hispanic	24	8	10	42
			57.1%	19.0%	23.8%	100.0%
			390	76	147	613
			63.6%	12.4%	24.0%	100.0%
	AR-Appropriate	Non-Hispanic	618	29	168	815
			75.8%	3.6%	20.6%	100.0%
		Hispanic	51	5	13	69
			73.9%	7.2%	18.8%	100.0%
			669	34	181	884
			75.7%	3.8%	20.5%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

County	Screening		No CM WG	Existing CM WG	New CM WG	Total
Polk	Inappropriate	Non-Hispanic	138	11	37	186
			74.2%	5.9%	19.9%	100.0%
		Hispanic	48	7	16	71
			67.6%	9.9%	22.5%	100.0%
			186	18	53	257
			72.4%	7.0%	20.6%	100.0%
	AR-Appropriate	Non-Hispanic	150	5	29	184
			81.5%	2.7%	15.8%	100.0%
		Hispanic	47	1	12	60
			78.3%	1.7%	20.0%	100.0%
			197	6	41	244
			80.7%	2.5%	16.8%	100.0%
Pope	Screening		No CM WG	Existing CM WG	New CM WG	Total
	Inappropriate	Non-Hispanic	29	3	9	41
			70.7%	7.3%	22.0%	100.0%
		Hispanic	1			1
			100.0%			100.0%
			30	3	9	42
			71.4%	7.1%	21.4%	100.0%
	AR-Appropriate	Non-Hispanic	46	1	12	59
			78.0%	1.7%	20.3%	100.0%
		Hispanic	2			2
			100.0%			100.0%
			48	1	12	61
			78.7%	1.6%	19.7%	100.0%
Ramsey	Screening		No CM WG	Existing CM WG	New CM WG	Total
	Inappropriate	Non-Hispanic	925	141	436	1502
			61.6%	9.4%	29.0%	100.0%
		Hispanic	134	27	57	218
			61.5%	12.4%	26.1%	100.0%
			1059	168	493	1720
			61.6%	9.8%	28.7%	100.0%
	AR-Appropriate	Non-Hispanic	754	6	234	994
			75.9%	.6%	23.5%	100.0%
		Hispanic	89		35	124
			71.8%		28.2%	100.0%
			843	6	269	1118
			75.4%	.5%	24.1%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

<i>County</i>	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
St. Louis	Inappropriate	Non-Hispanic	442	42	110	594
			74.4%	7.1%	18.5%	100.0%
		Hispanic	12	2	6	20
			60.0%	10.0%	30.0%	100.0%
			454	44	116	614
			73.9%	7.2%	18.9%	100.0%
	AR-Appropriate	Non-Hispanic	526	4	134	664
			79.2%	.6%	20.2%	100.0%
		Hispanic	4		1	5
			80.0%		20.0%	100.0%
			530	4	135	669
			79.2%	.6%	20.2%	100.0%
Scott	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	182	10	60	252
			72.2%	4.0%	23.8%	100.0%
		Hispanic	18		8	26
			69.2%		30.8%	100.0%
			200	10	68	278
			71.9%	3.6%	24.5%	100.0%
	AR-Appropriate	Non-Hispanic	244	1	56	301
			81.1%	.3%	18.6%	100.0%
		Hispanic	26		8	34
			76.5%		23.5%	100.0%
			270	1	64	335
			80.6%	.3%	19.1%	100.0%
Waseca	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	52	3	27	82
			63.4%	3.7%	32.9%	100.0%
		Hispanic	2		5	7
			28.6%		71.4%	100.0%
			54	3	32	89
			60.7%	3.4%	36.0%	100.0%
	AR-Appropriate	Non-Hispanic	44	1	35	80
			55.0%	1.3%	43.8%	100.0%
		Hispanic	9		4	13
			69.2%		30.8%	100.0%
			53	1	39	93
			57.0%	1.1%	41.9%	100.0%

Table 4. Percent Receiving Case Management Among Cases Screened AR-Appropriate or Inappropriate by Hispanic Affiliation for Counties in the AR Evaluation (cont.)

County Wright	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
	Inappropriate	Non-Hispanic	155	8	47	210
			73.8%	3.8%	22.4%	100.0%
		Hispanic	4		3	7
			57.1%		42.9%	100.0%
			159	8	50	217
			73.3%	3.7%	23.0%	100.0%
	AR-Appropriate	Non-Hispanic	156		66	222
			70.3%		29.7%	100.0%
		Hispanic	8		6	14
			57.1%		42.9%	100.0%
			164		72	236
			69.5%		30.5%	100.0%
	<i>Screening</i>		<i>No CM WG</i>	<i>Existing CM WG</i>	<i>New CM WG</i>	<i>Total</i>
County Yellow Medicine	Inappropriate	Non-Hispanic	42	3	6	51
			82.4%	5.9%	11.8%	100.0%
		Hispanic	1		2	3
			33.3%		66.7%	100.0%
			43	3	8	54
			79.6%	5.6%	14.8%	100.0%
	AR-Appropriate	Non-Hispanic	25		18	43
			58.1%		41.9%	100.0%
		Hispanic	5	1	1	7
			71.4%	14.3%	14.3%	100.0%
			30	1	19	50
			60.0%	2.0%	38.0%	100.0%

Appendix 2

Family Feedback

Families are a critical data source in this evaluation. Feedback is being obtained from them through surveys and interviews as their cases close. Those who choose to participate are being recontacted on a 12-month cycle throughout the evaluation period.

Because the demonstration is being implemented across 20 different counties of varied characteristics, a goal from the beginning has been to gain feedback from as wide an array of families and as many families as possible. The thinking was that the more families heard from in each of the counties the greater would be the applicability of what was learned. At the same time, standard survey concerns about the reliability of findings prompted efforts to gain as great a return rate as possible.

After working out initial protocols for contacting families, the first contact with families with closed cases was made in November, 2001. Through the end of December, 2002, primary caregivers in 909 study families have been interviewed or surveyed. Additionally, 208 have been successfully re-contacted a second time.

Through the end of December, 2002, 4,116 cases in the study population have closed, and an attempt has been made to reach the primary caregiver in each of these families. Seventeen percent have been reachable by letter or telephone and have been dropped from the study. Through the end of the year, feedback was received from caregivers in 909 of the families and efforts remained ongoing for those whose cases closed during the last quarter of the year. Of the families providing feedback thus far, 270 were interviewed and 639 completed written questionnaires.

Table A1 shows successive efforts that have been made to obtain feedback from families. The process has undergone revisions over the course of the evaluation in an effort to increase the response rate. Caregivers who participate in the study receive compensation; more is given to those interviewed than those completing a questionnaire.

The rows in the table represent different study cohorts. A cohort generally consists of families whose cases closed during a particular part of the study period who were contacted and asked to respond in a particular way. Through the end of 2002 there have been 20 family cohorts which, for reference purposes, are labeled A through T in the table. The table shows the month of initial contact with each cohort, a brief description of the contact, the last closing date for cases included and the number of cases or families in the cohort, and the response rate for each. The response percentages shown

Table A1. Family Survey Cohorts and Response Rates

Cohort	Month	Description	Last Closing Date		Response
A	Nov-01	postcard mailing		166	21.30%
B	Dec-01		10/31/01	275	21.40%
C		postcard mailing		436	17.30%
	Feb-02	questionnaire mailing	10/31/01	832	27.00%
E		postcard mailing	3/31/02		20.00%
F	Mar-02	questionnaire mailing	3/31/02	334	28.90%
G	Mar-02	optional: questionnaire or interview	3/31/02	101	23.40%
H	May-02	postcard mailing	6/10/02	374	19.20%
I	May-02	questionnaire mailing	5/31/02	68	37.70%
J	Jun-02	postcard mailing	7/16/02	277	16.60%
K	Jun-02	questionnaire mailing	6/30/02	66	33.90%
L	Jul-02	postcard mailing	8/12/02	217	16.70%
M	Jul-02	questionnaire mailing	7/31/02	42	43.80%
N	Aug-02	postcard mailing (& cold calls)	9/9/02	175	49.09%
O	Aug-02	questionnaire mailing (& cold calls)	8/31/02	27	52.38%
P	Sep-02	postcard mailing (& cold calls)	10/9/02	104	32.76%
Q	Sep-02	questionnaire mailing (2 follow-ups, then cold-calls)	9/30/02	92	84.38%
R	Oct-02	postcard mailing	11/7/02	128	13.86%
S	Oct-02	questionnaire mailing (2 follow-ups, then cold-calls)	10/31/02	104	57.65%
T	Nov-02	questionnaire mailing (2 follow-ups)	11/30/02	194	40.00%

are the numbers of families providing feedback divided by the number of “reachable” caregivers—that is, those with known addresses or telephone numbers.

The first three cohorts (A, B, and C) consisted of a 51 percent random sample of families with cases that closed prior to the last closing date shown in the table. Each of these family groups were contacted in the same manner: families in the sample were sent a letter from the local county social service office explaining the study and asking for their participation in an interview (and describing the compensation they would receive if they did). Postcards were included with the letter which families were asked to return to the evaluators if they were willing to be interviewed. One in five (20 percent) families contacted returned the postcard indicating their willingness and most were interviewed. A small number who, after repeated attempts, could not be contacted by the evaluator, were mailed a questionnaire version of the interview instrument and asked to complete it. Altogether feedback was received from 18 percent of the families in these three cohorts.

In an effort to increase the number of families heard from, all families included in the earlier case closing periods who were not selected in the samples were mailed the questionnaire version of the instrument. (Through an inadvertent error, IAR stationary was used rather than county stationary.) Twenty-seven percent of the families (group D) receiving them responded, an improvement in response rate.

In March 2002, in order to learn more about how the family response rate might be improved, three distinct mailings were made to families whose cases had recently closed. The families were randomly selected for inclusion in one of the three mailings and cover letters were sent on IAR stationary and in IAR envelopes. The first set of families (E) was sent a postcard requesting an interview. Twenty-one percent returned the postcard indicating their willingness to be interviewed, and 20 percent were interviewed. The second set of families (F) was sent questionnaires, and 29 percent completed and returned it. The third set of families (G) was sent a questionnaire and a postcard and given the option of providing feedback in either form. Although the interview involved a stipend twice as large as the questionnaire (\$40 versus \$20), more preferred to respond by completing the questionnaire: 7 percent returned the postcard and were interviewed while 16 percent returned a completed questionnaire.

No mailing was done in April 2002 in order to await results of the March experiment. The results indicated that a somewhat higher response rate could be expected from requests to complete a questionnaire than to participate in an interview, even with a larger stipend for the interview, and that using county letterhead and envelopes, versus a third party research firm, did not yield a higher response rate.

From May through July, two-thirds of the families with cases that closed were randomly selected to be interviewed (cohorts H, J, L) and the others were mailed questionnaires (cohorts I, K, M). The response rate continued to be better among the questionnaire group (33.8 percent versus 17.8 percent overall).

In August, at the request of some members of the project advisory committee established by DHS, cold telephone calls were made to all persons who did not return a postcard or questionnaire and interviews conducted when the caregivers were able to be reached and agreed to an interview. This increased the response rate to 32 percent for the postcard/interview group (cohort O) and 52 percent for those who initially received questionnaires (cohort P).

As concern remained about the response rate and, correspondingly, the reliability of responses, two things were done in September, 2002 to try once again to increase the proportion of families providing feedback. First of all, the stipend compensating participating families was increased to \$50 for an interview and \$30 for a completed questionnaire. Secondly, two follow-up letters with questionnaires were sent at two week intervals to non-respondents, and anyone who did not return a questionnaire was then telephoned. Families solicited for an interview who did not return the postcard were called nonetheless. The rate for the interview group (cohort P) was 33 percent (about what it had been since cold calling was introduced). On the other hand, the response rate for the questionnaire group (cohort Q) rose to 84 percent. Due to this exceptionally high response rate, it was decided to use this method as the default approach to obtaining family feedback for the remainder of the study. Because this process with its successive mailings takes longer to accomplish, the results from the later cohorts R, S, and T are presently incomplete.

Within the next quarter, sufficient responses will have been received to conduct an analysis to determine whether there are significant differences in responses between the fuller response group (beginning with the September, 2002 cohort) from earlier cohorts. The result of this analysis will suggest whether and what type of weighting may be necessary in analyses involving earlier and lower-response cohorts.

The process of re-contacting families began in October, 2002 and will continue each month for the duration of data gathering. Families are being re-contacted in this evaluation as part of the longer term monitoring of family and child well being in experimental and control cases.

The line graph that follows plots the cumulative number of family contacts that were originally planned in the research design and the number achieved. The line graph that follows plots the cumulative number of family contacts that were originally planned in the research design and the number achieved through this reporting period. It is anticipated that the actual number of contacts will intersect with the planned number in June or July of this year.

Number of Successful Family Contacts for Feedback

